

N14000009020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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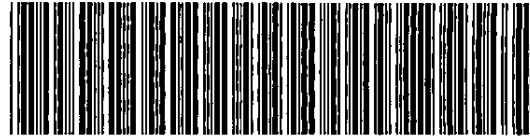
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 09/29/14

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ASTOR POST #9986 OF US INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ANTHONY L. SEANT
Name (Printed or typed)

P.O. Box 141
Address

ASTOR, FL 32102
City, State & Zip

352-759-3514
Daytime Telephone number

post9986@flrfw.org
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: ASTOR POST #9986 OF US INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5562o Veterans Drive

Astor, FL 32102

Mailing address, if different is:

P. O. Box 141

Astor, FL 32102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To serve Veterans and their families
and our commities

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony L. Efant, Command Name and Title: _____

Address 9631 SE 308th Ct Address: _____
Altoona, FL 32702

Name and Title: Frederick Panke, Quartermaster Name and Title: _____

Address 123 W 2nd Ave Address: _____
Pierson, FL 32180

Name and Title: John J. Watson, Adjutant Name and Title: _____

Address 510 Vannote Rd Address: _____
Pierson, FL 32180

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PALM BEACH, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Anthony L. Efant

Address: 9631 SE 308th Ct

Altoona, FL 32702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: John J. Watson

Address: 510 Vannote Road

Pierson, FL 32180

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TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Anthony L. Efant
Required Signature of Registered Agent

09-16-2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John J. Watson
Required Signature of Incorporator

09-16-2014
Date