

N14000009889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

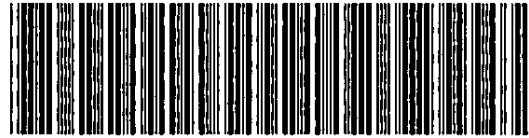
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10/27/14

COVER LETTER

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

SUBJECT: AMVETS Riders Chapter 422, 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: Eric Daniels
Name (Printed or typed)

17313 NW Highway 19
Address

Fanning Springs, FL 32693
City, State & Zip

352-463-6669
Daytime Telephone number

dixielee@wildblue.net
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: AMVETS Riders Chapter 422, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
17313 NW Highway 19

Fanning Springs, FL 32693

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To support our community and veterans in the community.

To help the VA Hospital, Hospice and other worthwhile community
organizations, such as Volunteer Fire Dept., Funeral escort, burial
details, etc.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

By majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President, Eric Daniels
Address: 293 NE 502 St.
Old Town, FL 32680

Name and Title: 1st Vice - Vivian Elko
Address: 182 NE 612 St.
Old Town, FL 32680

Name and Title: 2nd Vice - Linwood Koonce
Address: 9051 NW 125th Lane
Chiefland, FL 32626

Name and Title: Secretary - Karen Scheer
Address: 4261 NW 154th Ave.
Chiefland, FL 32626

Name and Title: Treasurer - Joe Elko
Address: 182 NE 612 St.
Old Town, FL 32680

Name and Title: Sgt. at Arms - Greg Scheer
Address: 4261 NW 154th Ave.
Chiefland, FL 32626

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: Eric Daniels

Address: 293 NE 502 St.

Old Town, FL 32680

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary Lee Layne

Address: 293 NE 502 St.

Old Town, FL 32680

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



Required Signature of Registered Agent

Oct. 20, 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.



Required Signature of Incorporator

Oct. 20, 2014

Date