

14000011715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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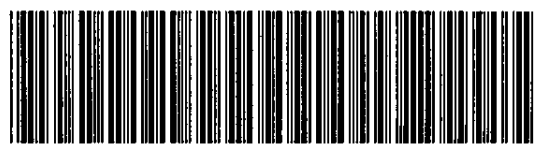
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. SCOTT

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RECEIVED
DIVISION OF REVENUE
JAN 1 2015

COVER LETTER

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

SUBJECT: NEW WINDMILL POINT AA, 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: LARRY MILLER
Name (Printed or typed)

2100 SW JAGUAR AVE.
Address

PORT ST. LUCIE, FL. 34953
City, State & Zip

(772) 971-1664
Daytime Telephone number

LXMILLER@MSN.COM
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: NEW WINDMILL POINT AA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2324 SE HADDON ST.

PORT ST. LUCIE, FL. 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALCOHOLICS ANONYMOUS MEETING, TUE. 7:00 PM

INCORPORATION IS NECESSARY TO RECEIVE

TAX EXEMPT RENT DISCOUNT FROM CITY COMMUNITY
CENTER.

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

AS NEEDED DURING BUSINESS MEETINGS OF MEMBERS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LARRY MILLER, TREASURER Name and Title: _____

Address 2100 SW JAGUAR AVE Address: _____
PORT ST. LUCIE, FL
34953

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

14 DEC 29 PM 1:10

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: LARRY MILLER

Address: 2100 SW JAGUAR AVE.
PORT ST. LUCIE, FL 34953

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RECEIVED
DIVISION OF
CORPORATIONS
AND
REGISTRATION

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LARRY MILLER

Address: 2100 SW JAGUAR AVE.
PORT ST. LUCIE, FL 34953

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

Larry W Miller

Required Signature of Registered Agent

12-23-14

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.

Larry W. Miller

Required Signature of Incorporator

12-23-14

Date