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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

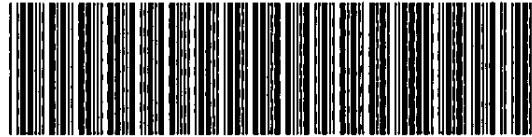
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TALLAHASSEE, FLORIDA

JAN 5 2015

S. GILBERT

## COVER LETTER

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

SUBJECT: SAT AM MENS AA GROUP CORP.  
(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: JAMES G. FERGUSON JR.  
Name (Printed or typed)

42) SE NARANJA AVE.  
Address

PORT ST. LUCIE, FL 34983  
City, State & Zip

772-240-2920  
Daytime Telephone number

jimf1941@gmail.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:

SAT AM MENS A GROUP CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

~~2195 SE AIROSO BLVD~~ COMMUNITY CENTER  
2195 SE AIROSO BLVD  
PORT ST. LUCIE, FL 34984

Mailing address, if different:

% JAMES G. FERGUSON JR  
421 JE NARANJA AVE  
PORT ST. LUCIE, FL 34983

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALCOHOLICS ANONYMOUS IS A FELLOWSHIP  
OF MEN AND WOMEN WHO SHARE THEIR EXPERIENCE, STRENGTH,  
AND HOPE WITH EACH OTHER THAT THEY MAY SOLVE THEIR COMMON  
PROBLEM AND HELP OTHERS TO RECOVER FROM ALCOHOLISM.

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

ELECTED BY POPULAR VOTE.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

~~123~~ JAMES G. FERGUSON JR

Name and Title:

~~123~~ TREASURER

Address:

421 JE NARANJA AVE  
PORT ST. LUCIE, FL 34983

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

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:

~~ME~~ JAMES G. FERGUSON JR.

Address:

~~SET~~ 421 SE NARANJA AVE.

PORT ST. LUCIE, FL 34983

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

~~ME~~ JAMES G. FERGUSON JR.

Address:

421 SE NARANJA AVE.

PORT ST. LUCIE FL 34983

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

~~ME~~

*James G. Ferguson Jr.*

Required Signature of Registered Agent

12/29/2014

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.

~~ME~~

*James G. Ferguson Jr.*

Required Signature of Incorporator

12/29/2014

Date