

1150000000712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

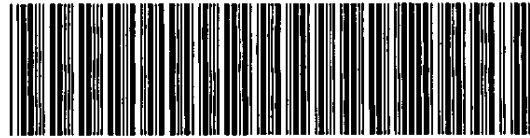
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15 JAN 20 PM 1:30

COVER LETTER

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

SUBJECT: Florida Rangers Coalition 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: Adam Cooper
Name (Printed or typed)

7613 Jomel Drive
Address

Weeki Wachee, FL 34607
City, State & Zip

3522771778
Daytime Telephone number

adamcooperpi@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: Florida Rangers Coalition inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7613 Jomel Drive

Spring Hill, Florida 34607

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Florida Rangers Coalition is a network of chapters dedicated to strengthening their local community by offering free entertainment and imparting moral character traits.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The owner
appoints directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jake Bence, President

Address: 7959 Floral Drive
Spring Hill, Fl 34607

Name and Title: Matthew Hanley, CFO

Address: 3448 Jewfish Drive
Spring Hill, Fl 34607

Name and Title: Adam Cooper, CEO

Address: 7613 Jomel Drive
Spring Hill, Fl

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

15 JAN 20 PM 1:30

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: Ronald Cooper

Address: 7613 Jomel Drive

Spring Hill, Fl 34607

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Jake Bence

Address: 7959 Floral Drive

Spring Hill, Fl 34607

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

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

12/30/14
Date

15 JAN 20 PM 1:30

RECEIVED
STATE DEPARTMENT OF REVENUE
JAN 15 2015