

N1500000/004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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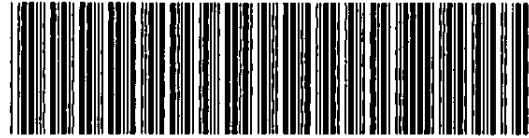
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 26 PM 12:14

02/02/15

COVER LETTER

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

SUBJECT: Lulu Community Center, 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: Jessica Huffman

Name (Printed or typed)

163 SE Croft Street

Address

Lulu, FL 32061

City, State & Zip

386-984-0024

Daytime Telephone number

jah32054@yahoo.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)

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ARTICLE I NAME

The name of the corporation shall be: Lulu Community Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
205 SW Community Drive
Lulu, FL 32061

Mailing address, if different is:
169 SE Gillen Terrace
Lulu, FL 32061

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do all things necessary and essential to carry on the activities,
rehabilitation, welfare and social work of the citizens of Lulu, Columbia County, Florida, and the surrounding area.
Including the establishment and operation of a community center facility for the use and comfort of the members.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The members of
Board of Directors shall be elected by nominating committee at the annual meeting by a majority vote of the members present.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth Cox, President
Address: 486 SE James Croft Drive
Lulu, FL 32061

Name and Title: Nevin Markham, Vice President
Address: 169 SE Gillen Terrace
Lulu, FL 32061

Name and Title: Renee Markham, Treasurer
Address: 169 SE Gillen Terrace
Lulu, FL 32061

Name and Title: Julia Croft, Assistant Treasurer
Address: 314 SE James Croft Drive
Lulu, FL 32061

Name and Title: Jessica Huffman, Secretary
Address: 163 SE Croft Street
Lulu, FL 32061

Name and Title: Pete Croft, Trustee
Address: 8716 SE CR 252
Lulu, FL 32061

Name and Title: Joshua Tate, Trustee

Address: 455 SE CR 241
Lulu, FL 32061

Name and Title: James Croft, Trustee

Address: 314 SE James Croft Drive
Lulu, FL 32061

Name and Title: Kyle Markham, Trustee

Address: 169 SE Gillen Terrace
Lulu, FL 32061

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jessica Huffman
Address: 163 SE Croft Street
Lulu, FL 32061

ARTICLE VII INCORPORATOR

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

Name: Jessica Huffman
Address: 163 SE Croft Street
Lulu, FL 32061

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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

Jessica Huffman
Required Signature of Registered Agent

01/19/2015

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.

Jessica Huffman
Required Signature of Incorporator

01/19/2015

Date