

N 15000001105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

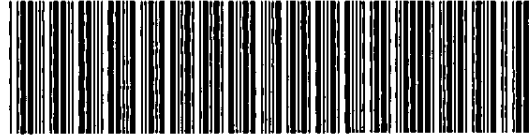
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED JAN 26 2015

FILED
15 JAN 26 PM 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: OSCEOLA REDI, 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: Sue Ring
Name (Printed or typed)

111 E. Monument Ave. #401-19
Address

Kissimmee FL 34741
City, State & Zip

407 933 0870 x221
Daytime Telephone number

sring@communityvision.org
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: OSCEOLA REDI, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
111 E. Monument Ave
#401-19
Kissimmee, FL 34741

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To act as the community liaison team focused on emergency preparedness
and disaster recovery in Osceola County, Florida. OSCEOLA REDI, Inc may interface with local, state and federal agencies while coordinating
efforts of area businesses, non-profits, faith based, social and fraternal organizations serving the needs of the community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
Elected, following the initial board membership

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sue Ring- Director
Address: 111 E. Monument Ave
#401-19
Kissimmee, FL 34741

Name and Title: Dennis Tenniswood - Director
Address: 911 Pondview Court.
Celebration FL 34747

Name and Title: William Peterson- Director
Address: 2601 Swoop Circle
Kissimmee FL 34741

Name and Title: _____
Address: _____

Name and Title: Gene Terrico -Director
Address: 4877Lake Cecile Dr.
Kissimmee FL 34746

Name and Title: _____
Address: _____

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: Sue Ring
Address: 111 E. Monument Ave #401-19
Kissimmee, FL 34741

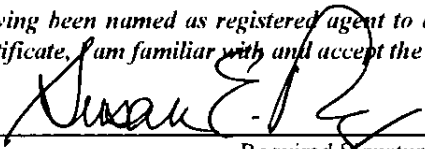
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gene Terrico
Address: 4877 Lake Cecile Dr.
Kissimmee, FL 34746

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15 JAN 26 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

01/20/15
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

1/20/15
Date