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COVER LETTER

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

SUBJECT: NAVY SEABEE VETERANS OF AMERICA, INC. ISLAND X-16
(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: BARNETT ALPERT
Name (Printed or typed)

2206 NEW BEDFORD DR.
Address

SUN CITY CENTER, FL 33573
City, State & Zip

571-239-1247
Daytime Telephone number

ALPERTB@TAMPABAY.FL.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: NAVY SEABEE VETERANS OF AMERICA, INC. ISLAND X-16

ARTICLE II PRINCIPAL OFFICE

Principal street address:

CHAMBER OF COMMERCE

1651 SUNCITY CENTER PLAZA

SUNCITY CENTER, FL. 33573

Mailing address, if different is:

NAVY SVA ISLAND X-16 SOUTH HILLS BOROUGH FL

PO BOX 38

RIVERVIEW, FL 33568

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PRESERVE INTEREST IN NATIONAL DEFENSE, PROMOTE
AND STRENGTHEN COMRADESHIP, TO FOSTER AND MAINTAIN FRATERNAL, PATRIOTIC, HISTORICAL
AND EDUCATIONAL INTEREST IN SEABEE ACTIVITIES, TO PERFORM CHARITABLE WORK AND
ASSIST COMRADES, TO ASSIST IN WELFARE OF VETERANS OF ALL MILITARY FORCES.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JIM WILT COMMANDER Name and Title: BERNIE HOGAN VICE COMMANDER

Address 15736 AURORA LAKE CR.

Address: 8825 OAK ST

WIMAUMA, FL.

RIVERVIEW, FL

33598

33578

Name and Title: BARNETT ALBERT TREASURER

Name and Title: FRANK STULIC SECRETARY

Address 2206 NEW BEDFORD DR.

Address: 11512 GROVE ARCADE DR

SUNCITY CENTER, FL.

RIVERVIEW, FL

33573

33569

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 FEB 19 PM 2:21
STATE
DEPARTMENT OF
REVENUE
FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: BARNETT ALPERT

Address: 2206 NEW BEDFORD DR.
SUNCITY CENTER, FL 33573

ARTICLE VII INCORPORATOR

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

Name: BARNETT ALPERT

Address: 2206 NEW BEDFORD DR.
SUNCITY CENTER, FL 33573

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

Barnett Alpert
Required Signature of Registered Agent

2/16/15
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.

Barnett Alpert
Required Signature of Incorporator

2/16/15
Date