

N 15000002546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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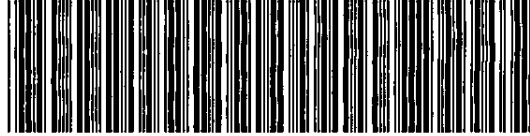
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -9 PM 12:52

APPROVED
AND
FILED

1/14

COVER LETTER

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

SUBJECT: Volusia County Fair Association, 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: John Owens
Name (Printed or typed)

3150 E New York Ave
Address

DeLand, FL 32724
City, State & Zip

386-7349514
Daytime Telephone number

sales@volusiacountyfair.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Volusia County Fair Association, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

3150 E New York Ave

Mailing address, if different from principal office: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DeLand, FL 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To hold, conduct and operate State, District, County, Livestock, Poultry, Agricultural, Horticultural, or other Fairs or Expositions at any time.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: A nominating committee presents nominees to the Board of Directors at an annual Special General Membership Meeting. Membership of the organization may also submit nominations at this meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William P. Jones, President

Name and Title: _____

Address: 1275 Cecil Ave.

Address: _____

DeLand, FL 327320

Name and Title: William A. Johnson, Treasurer

Name and Title: _____

Address: P O Box 1032

Address: _____

DeLeon Springs, FL 32130

Name and Title: David Luznar, 2nd VP

Name and Title: _____

Address: 3650 Watermelon Ln

Address: _____

New Smyrna Beach, FL 32168

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

John Owens

Address:

3150 E New York Ave

DeLand, FL 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

John Owens

Address:

3150 E New York Ave

DeLand, FL 32724

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

John Owens

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

John Owens

Date