

N15UXX03659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

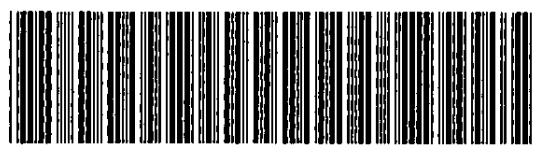
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☒

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15 APR -9 PM12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2015
S. GILBERT

COVER LETTER

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

SUBJECT: Franklin County Extension Advisory Council, 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: Erik Lovestrand
Name (Printed or typed)

66 4th Street
Address

Apalachicola, FL 32320
City, State & Zip

850-653-9337
Daytime Telephone number

elovestrand@ufl.edu
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: Franklin County Extension Advisory Council, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

66 4th Street

Apalachicola, FL 32320

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to provide clientele and community input, support and direction in the programming of the Franklin County Extension Service. The committee will be advisory to the County Extension Director of the Florida Cooperative Extension Service in Franklin County.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Annual elections by simple majority.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nadine Kahn, Committee Chairman

Address: 66 4th Street
Apalachicola, FL 32320

Name and Title: Anita Grove, Committee Treasure, Signatory

Address: 66 4th Street
Apalachicola, FL 32320

Name and Title: Valentina Webb, Signatory

Address: 66 4th Street
Apalachicola, FL 32320

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Erik Lovestrand
Address: 66 4th Street
Apalachicola, FL 32320

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jamie Johnson
Address: 66 4th Street
Apalachicola, FL 32320

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

Erik Lovestrand
Required Signature of Registered Agent

4/7/15
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.

Jamie Johnson
Required Signature of Incorporator

4/7/15
Date