

WIS000004611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

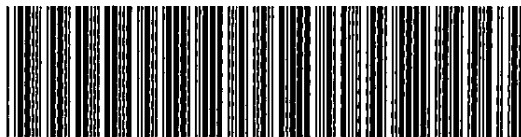
Special Instructions to Filing Officer:

Office Use Only

WIS000025507

MAY 08 2014

T. SCOTT



700271314357

04/06/15--01033--011 \*\*78.75

15 MAY - 1 AM 8:50



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2015

CATHERINE SIMKINS  
3510 SOUTH ST  
TITUSVILLE, FL 32780

SUBJECT: FOE SPACEPORT AUXILIARY #3581, INC.  
Ref. Number: W15000025507

15 MAY - 1 PM 12:09

INFO  
Z

We have received your document for FOE SPACEPORT AUXILIARY #3581, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

- 1 [ Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.
- 2 [ The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 815A00007271

Per v'con w/ "Claretha" on 4/29/15, take following actions:

- 1) Disregard - no ref @ application re DBA.
- 2) Only list top 4 officers (Pres, VP, Secy, Treas) & show info "Madam" @ title.

Check received (\$78.75) - no add'l. funds req'd.

*Simkins*

## COVER LETTER

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

**SUBJECT:** Fraternal Order of Eagles, Spaceport Auxiliary #3581, 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**

*PREVIOUSLY PAID  
CHECK #5882 DATED 3/24/2015*

**FROM:** Catherine Simkins

Name (Printed or typed)

3510 South St.

Address

Titusville, FL 32780

City, State & Zip

321-268-9530

Daytime Telephone number

katyzip@aol.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: Fraternal Order of Eagles, Spaceport Auxiliary #3581, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address:  
3510 South St.

Titusville, FL 32780

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To perpetuate an organization of women as an auxiliary to an international fraternal organizational unit, specifically Fraternal Order of Eagles, Spaceport Aerie #3581, Inc., for the conduct of fundraising events for charitable projects and purposes. For additional information, please refer to <http://www.foe.com>.

Motto: "People Helping People"

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Annual elections

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: President Nancy Scott

Address: 825 Loretta Dr.  
Titusville, FL 32780

Name and Title: Vice-President Rance Gill

Address: 5500 Barna Ave.  
Titusville, FL 32780

Name and Title: Secretary Catherine Simkins

Address: 3525 Sable Palm Ln., Unit D  
Titusville, FL 32780

Name and Title: Treasurer Bernadette Slawson

Address: 1425 Dozier Ave.  
Titusville, FL 32780

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

15 MAY -1 AM 8:50

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: Catherine Simkins  
Address: 3525 Sable Palm Ln., Unit D  
Titusville, FL 32780

**ARTICLE VII INCORPORATOR**

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

Name: Catherine Simkins  
Address: 3525 Sable Palm Ln., Unit D  
Titusville, FL 32780

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Catherine Simkins  
Required Signature of Registered Agent

4/29/15  
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.*

Catherine Simkins  
Required Signature of Incorporator

4/29/15  
Date