

N15000004878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

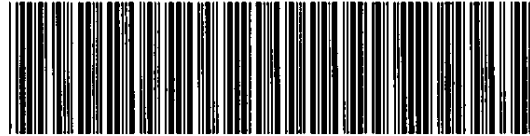
(Business Entity Name)

(Document Number)

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

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FILED  
15 MAY 11 AM 1:20  
SECOND MAY 11  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** In-Gauge of Polk County, 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:** Shawn A Jiles  
Name (Printed or typed)

P.O. Box 1847

Address

Winter Haven, FL 33882

City, State & Zip

863-875-6900

Daytime Telephone number

Shawn@gotocourtforme.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: In-Gauge of Polk County, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address:  
6039 Cypress Gardens Blvd

Suite 125

Winter Haven, FL 33884

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation exists to promote an organization for members to meet  
and discuss charitable endeavor's and to discuss and implement various projects or community outreach to benefit and educate  
the community as a whole.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Annual Vote

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

Name and Title: Mark Osborn - President

Address: 6039 Cypress Gardens Blvd

Suite 125

Winter Haven, FL 33884

Name and Title: John W. Lindsey, Jr. - Vice President

Address: 6039 Cypress Gardens Blvd.

Suite 125

Winter Haven, FL 33884

Name and Title: Janet G. Ergle - Secretary

Address: 6039 Cypress Gardens Blvd.

Suite 125

Winter Haven, FL 33884

Name and Title: Pat Eddins - Treasurer

Address: 6039 Cypress Gardens Blvd.

Suite 125

Winter Haven, FL 33884

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

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

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

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

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

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

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

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Shawn A. Jiles

Address: 147 Ave C. SW #120  
Winter Haven, FL 33881

**ARTICLE VII INCORPORATOR**

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

Name: Shawn A. Jiles

Address: 147 Ave C. SW #120  
Winter Haven, FL 33881

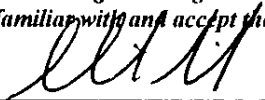
**ARTICLE VIII EFFECTIVE DATE:**

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*



Required Signature of Registered Agent

5/6/15

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

5/6/15

Date