

N150000053010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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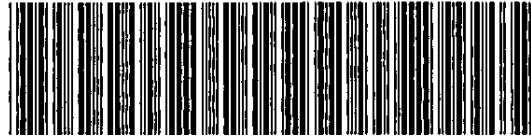
(Business Entity Name)

(Document Number)

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15 MAY 26 AM 11:35
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Amvets District 16 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: Jack Hudson

Name (Printed or typed)

320 SW 10 sST

Address

Chiefland, Florida 32626

City, State & Zip

1352-493-2595

Daytime Telephone number

hudbm3@att.net

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: Amvets District 16 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
320 SW 10 ST

Chiefland, Florida

32626

Mailing address, if different is:
PO Box 1747

Chiefland, Florida

32644

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Support Veterans and Community, Help veterans with hospital and hospice.
Community support, Help the homeless, Help the community.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jack Hudson, President

Address: 320 SW 10 TH ST.

Chiefland, Florida

32626

Name and Title: Bob Butler, Vice Pres.

Address: 711 SW 161 st Terrace

Newberry, Florida

32669

Name and Title: Kary Colson, Secertary

Address: PO Box 413

Chiefland, Florida

32644

Name and Title: Eric Daniels, Sargent @ Arms

Address: 293 NE 502 ST

Old Town, Florida

32680

Name and Title: Bob Hahn, Treasure

Address: 11990 NE 83 rd St.

Chiefland, Florida

32626

Name and Title: Wayne Jourrgain, Reciever

Address: 13650 NW 86 th Ave.

Chiefland, Florida

32626

15 MAY 25 AM 11:35
TALLAHASSEE, FLORIDA

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: Jack Hudson
Address: 320 SW 10 ST
Chiefland, Fla. 32626

ARTICLE VII INCORPORATOR

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

Name: Jack Hudson
Address: 320 SW 10 ST
Chiefland, Fla. 3226

ARTICLE VIII EFFECTIVE DATE: 05-21-2015 (OPTIONAL)
Effective date, if other than the date of filing:

(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

Jack Hudson
Required Signature of Registered Agent

05-21-2015

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.

Jack Hudson
Required Signature of Incorporator

05-21-2015

Date

15 MAY 26 AM 11:35
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE