

N15000005649

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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WTS-36413

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05/21/15--01013--004 **78.75

APPROVAL
AND
FILED

15 JUN -5 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/1

COVER LETTER

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

SUBJECT: LADIES AUXILIARY VFW POST 12046
(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: BONNIE WEST
Name (Printed or typed)

660 GRAND MESA AVE
Address

ALFORD, FL 32420
City, State & Zip

850-573-0157
Daytime Telephone number

westward32420@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2015

BONNIE WEST
660 GRAND MESA AVE
ALFORD, FL 32420

SUBJECT: LADIES AUXILIARY VFW POST 12046
Ref. Number: W15000036413

We have received your document for LADIES AUXILIARY VFW POST 12046 and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 915A00010875

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I. NAME

The name of the corporation shall be: LADIES AUXILIARY VFW POST 12046 INC.

ARTICLE II. PRINCIPAL OFFICE

Principal street address:

107 WILD HORSE DRIVE
CRESTVIEW, FL 32536

Mailing address, if different is:

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: TO SUPPORT THE VFW POST
12046, TO RAISE FUNDS TO ASSIST VFW, PROVIDE
FOR VETERANS AT LOCAL VA CLINIC & NURSING
HOME. TO ASSIST THE LOCAL COMMUNITY IN
TIMES OF NEED.

ARTICLE IV. MANNER OF ELECTION The manner in which the directors are elected and appointed: ELECTED
IS PROVIDED IN THE BYLAWS

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHARON JUSTISS PRESIDENT Name and Title:

Address: 107 WILD HORSE DR. Address:
CRESTVIEW, FL 32536

Name and Title: BONNIE WEST TREASURER Name and Title:

Address: 660 GRAND MESA AVE Address:
ALFORD, FL 32420

Name and Title: BONNIE WEST SECRETARY Name and Title:

Address: 660 GRAND MESA AVE Address:
ALFORD, FL 32420

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN -5 PM 2:34

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

15 JUN -5 PM 2:34

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: _____

Sharon E. Justiss

Address: _____

107 Wild Horse Drive
Crestview, FL 32536

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

BONNIE WEST

Address: _____

660 GRAND MESA AVE
ALFORD FL 32420

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

Sharon E. Justiss

Required Signature of Registered Agent

May 16, 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.

Bonnie West

Required Signature of Incorporator

May 16, 2015
Date