

N 15000005932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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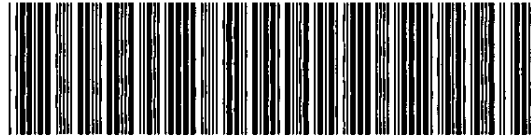
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

f 6/16/15

COVER LETTER

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

SUBJECT: Devils Cut Motorcycle Riding Association Nature Coast 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: Eugene Murphy

Name (Printed or typed)

5542 W Buckskin Dr.

Address

Beverly Hills, FL 34465

City, State & Zip

352-601-6466

Daytime Telephone number

devilscut43@yahoo.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314
DEPARTMENT OF STATE

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: Devils Cut Motorcycle Riding Association Nature Coast Inc.

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ARTICLE II PRINCIPAL OFFICE

15 JUN -9 PM 2: 19

Principal street address:
393 Debra St.

Inglis, Fl 34449

Mailing address, if different is: SECRETARY OF STATE
5542 W Buckskin Dr. TALLAHASSEE, FLORIDA

Beverly Hills, Fl 34465

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Not for Profit

1. Cultivate brotherhood among its members.
2. Create close fellowship within our community and foster its growth and development.
3. Create group indentification for members and to be recognized by members of similar clubs.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eugene Murphy, President

Address: 5542 W Buckskin Dr.
Beverly Hills, Fl 34465

Name and Title: Robert Schubert, Vice President

Address: 7792 W Gulf to Lake Hwy.
Crystal River, Fl 34428

Name and Title: James Rosen, Sargeant At Arms

Address: 68 Rose Ave.
Beverly Hills, Fl 34465

Name and Title: Jonny Lee Kinsworthy, Treasurer

Address: 4802 N Hidden Oaks Way
Crystal River, Fl 34428

Name and Title: Howard Bowman, Secretary

Address: 5942 N Thomas Scott Terr.
Crystal River, Fl 34428

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: Eugene Murphy

Address: 5542 W Buckskin Dr.

Beverly Hill, Fl 34465

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Eugene Murphy

Address: 5542 W Buckskin Dr.

Beverly Hills, Fl 34465

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

Eugene Murphy

Required Signature of Registered Agent

6/5/2015
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.

Eugene Murphy

Required Signature of Incorporator

6/5/2015
Date