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15 JUN 1964 AH10:59

COVER LETTER

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

SUBJECT: North Central Florida Chapter Two of the C.O.B.B. Society, 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: James R Owens
Name (Printed or typed)

310 Pinesong Drive
Address

Casselberry, FL. 32707
City, State & Zip

321-297-5470
Daytime Telephone number

spiderjim50@yahoo.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: North Central Florida Chapter Two of the C.O.B.B. Society Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

310 Pinesong Drive

Casselberry, FL. 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific purpose of the organization is strictly a relationship

involving members who own and operate motorcycles for the enjoyment of motorcycle related activities and the

promotion of motorcycle awareness.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The directors are
appointed or elected as stated in the by-lays of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James R Owens / President

Name and Title: _____

Address 310 Pinesong Drive

Address: _____

Casselberry, FL. 32707

Name and Title: Linda L Owens / Treasurer

Name and Title: _____

Address 310 Pinesong Drive

Address: _____

Casselberry, FL. 32707

Name and Title: Lynwood Nichols / Secretary

Name and Title: _____

Address 501 Macow Lane, Apt. 12

Address: _____

Fern Park, FL. 32730

15 JUN 18 AM 10:59

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: Pio Urso

Address: 2735 Holiday Woods Drive

Kissimmee, FL 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Owens

Address: 310 Pinesong Drive

Casselberry, FL 32707

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

Pio G. Urso

Required Signature of Registered Agent

6-16-15
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.

James R. Owens

Required Signature of Incorporator

June 16, 2015
Date