

N15000007665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

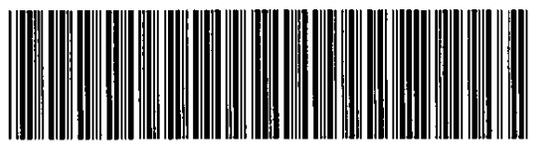
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~WIS-44978~~

Office Use Only



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06/26/15--01002--002 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG -3 AM 7:25

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: Sons of Amvets, Inc. Post 447
(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: Clifford D. Vyner

Name (Printed or typed)

204 Vicki Street

Address

Inglis, FL 34449

City, State & Zip

330-603-7013

Daytime Telephone number

cliffvyner@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

July 1, 2015

CLIFFORD D. VYNER
204 VICKI STREET
INGLIS, FL 34449

SUBJECT: SONS OF AMVETS, POST 447
Ref. Number: W15000044978

We have received your document for SONS OF AMVETS, POST 447 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.

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: 715A00013884

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

APPROVED
AND
FILED

ARTICLE I NAME
The name of the corporation shall be: Sons of Amvets, Post 447 Inc.

15 AUG -3 AM 7:26

ARTICLE II PRINCIPAL OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal street address:
405 East Highway 40, Inglis, FL 34449

Mailing address, if different is:
PO Box 1217, Inglis, FL 34449

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To aid and assist fellow veterans and dependents. To help and support community events. To help and support children and youth programs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: CANDIDATES FOR ELECTED OFFICE ARE ELECTED BY POST MEMBERS VIA SECRET BALLOT. APPOINTED OFFICERS ARE DESIGNATED BY THE NEWLY ELECTED COMMANDER.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clifford D. Vynar, Commander

Name and Title: Ronnie Jones, 1st Vice Commander

Address: 204 Vicki Street
Inglis, FL 34449

Address: 12862 W. Checkerberry Drive
Crystal River, FL 34428

Name and Title: Timothy Simmons, 2nd Vice Commander

Name and Title: Micheal Moody, 3rd Vice Commander

Address: 10687 Highway 40 East
Inglis, FL 34449

Address: 325 S. Inglis Avenue
Inglis, FL 34449

Name and Title: Martin Murphy, Adjutant

Name and Title: D. Wayne Kolberg, FINANCE OFFICER

Address: 3491 SE 193 Road
Yankeetown, FL 34448

Address: 11710 Deer Ridge Road
West Rapids, WI 54494

Name and Title: Raymond Prescott, Judge Advocate

Name and Title: _____

Address: 23185 SW 119th Place

Address: _____

Dunellon, FL 34431

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

APPROVED
AND
FILED

15 AUG -9 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Clifford D. Vyner

Address: 204 Vicki Street

Inglis, FL 34449

ARTICLE VII INCORPORATOR

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

Name: Clifford D. Vyner

Address: 204 Vicki Street

Inglis, FL 34449

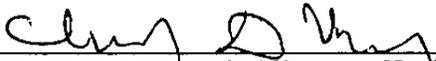
ARTICLE VIII EFFECTIVE DATE:

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

6-24-2015

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.



Required Signature of Incorporator

6-24-2015

Date