

NI5000010841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

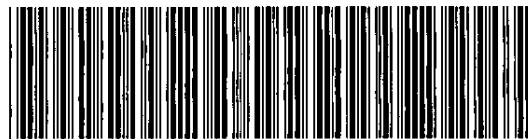
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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100273347791
07/14/15--01004--009 **50.00

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07/14/15--01004--010 **10.00

09/24/15--01007--022 **18.75

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115-64154

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2015

REPUBLICAN CLUB ORMOND BEACH AREA
C/O MICHAEL ALEKSON
2136 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

07141501004009
07141501004010

Subject:
RE: 915A00017119

We have received your document for the above Fictitious Name and your check(s) totaling \$60.00; however, the document **has not been filed** and is being returned for the following:

Per our conversation I have enclosed the non-profit articles of incorporation complete and return with check or money order with \$ 10.00 and I will see to it getting process. Please return all papers to my attention.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Marquitta Williams
Reinstatement Section
Division of Corporations

Letter No. 915A00017119



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2015

MICHAEL L. ALEKSON
2136 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176

SUBJECT: REPUBLICAN CLUB ORMOND BEACH AREA
Ref. Number: W15000064154

We have received your document for REPUBLICAN CLUB ORMOND BEACH AREA 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 015A00020296

COVER LETTER

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

SUBJECT: REPUBLICAN CLUB ORMOND BEACH AREA, 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: MICHAEL L. ALEKSON
Name (Printed or typed)

2136 JOHN ANDERSON DR.
Address

ORMOND BEACH, FL. 32176
City, State & Zip

386-846-3213
Daytime Telephone number

MALEKSON1@CFL.RR.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: REPUBLICAN CLUB ORMOND BEACH AREA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2136 JOHN ANDERSON DRIVE
ORMOND BEACH, FL. 32176

Mailing address, if different is:

15 NOV - 5 PM 1:10

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE MEMBERSHIP WITH CURRENT
INFORMATION ON TOPICS OF INTEREST IMPACTING THE COMMUNITY.

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

MEMBERS MAJORITY VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHUCK COLLINS Name and Title: RICHARD GOSCH

Address: PRESIDENT Address: VICE - PRESIDENT
127 OCEAN AVE TER. S. 34 SEABRIDGE DR.
ORMOND BEACH, FL. 32176 ORMOND BEACH, FL. 32176

Name and Title: MICHAEL BLEKSON Name and Title: KRIS BARTLETT

Address: TREASURER Address: SECRETARY
2136 JOHN ANDERSON DR. 366 APACHE TRAIL
ORMOND BEACH, FL. 32176 ORMOND BEACH, FL. 32174

Name and Title: _____ Name and Title: _____

Address: _____ 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: CARMELO (CHUCK) COLLINS

Address: 127 OCEAN AVE PER S.
ORMOND BEACH, FL. 32176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL ALEKSON

Address: 2136 JOHN ANDERSON DR.
ORMOND BEACH, FL. 32176

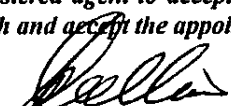
ARTICLE VIII EFFECTIVE DATE:

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.)

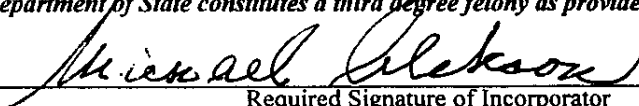
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/31/2015
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

9/14/15
Date

15 NOV -5 PM 4:10
CLERK OF THE COURT
JANET A. HARRIS