

NI 16000001911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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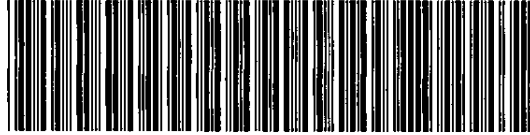
(Business Entity Name)

(Document Number)

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02/18/16--01009--002 **78.75

FILED
16 FEB 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Culligan FEB 25 2016

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

SUBJECT: FRIENDS OF THE DONNELLY HOUSE, 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: DENNIS LATIAK
Name (Printed or typed)

8014 PINE HOLLOW DR
Address

MOUNT DORA, FL 32757
City, State & Zip

352 217-9460
Daytime Telephone number

DLATIAK@COMCAST.NET
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: FRIENDS OF THE DONNELLY HOUSE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

535 DONNELLY ST
MOUNT DORA, FL 32757

Mailing address: 16 FEB 1988 PM 12:00

P.O. Box 1152
MOUNT DORA, FL 32757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO COLLECT PUBLIC FUNDS FOR
THE RENOVATIONS, MAINTENANCE AND UPKEEP
OF THE HISTORICALLY REGISTERED DONNELLY HOUSE
LOCATED AT 535 DONNELLY STREET IN
MOUNT DORA, FL 32757

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: APPOINTED
BY DONNELLY HOUSE REPRESENTING THE MASONIC LODGE-OWNERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH UMLAUF - PRES Name and Title: ELIZABETH FORBES - VP

Address: 1840 EDLEWATER DR Address: 100 SOUTH TREMAIN ST
MOUNT DORA, FL 32757 LAKE DORA VILLAS E-3
MOUNT DORA FL 32757

Name and Title: DENNIS LATIAK - SEC/TREAS Name and Title: MARGARET ANDERSON - DIR

Address: 8014 PINE HOLLOW DR Address: 600 N GRANDVIEW ST
MOUNT DORA, FL 32757 MOUNT DORA, FL 32757

Name and Title: DENNIS WOOD - DIR Name and Title: NA

Address: 2009 ISOLABELLA BLVD Address:
MOUNT DORA, FL 32757

NAME AND TITLE: NA NAME AND TITLE: NA
Address: _____ Address: _____

Name and Title: NA Name and Title: NA
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DENNIS LATIAK
Address: 8014 PINE HOLLOW DR
MOUNT DORA, FL 32757

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ARTICLE VII INCORPORATOR

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

Name: DENNIS LATIAK
Address: 8014 PINE HOLLOW DR
MOUNT DORA, FL 32757

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 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

Dennis Latiak
Required Signature of Registered Agent

2/15/16
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.

Dennis Latiak
Required Signature of Incorporator

2/15/16
Date