

N160000003015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

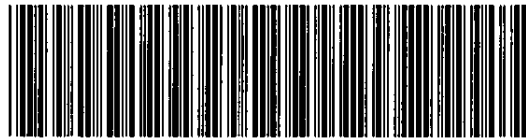
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

MAR 1 4 2016

S. PRATHER

## COVER LETTER

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

SUBJECT: LITTLE FRIEND GUN CLUB, 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: ALAIN HERNANDEZ  
Name (Printed or typed)

114 SW C OWEN AVE.  
Address

CLEWISTON, FLORIDA 33440  
City, State & Zip

863-677-1514  
Daytime Telephone number

GUINESPAWN @ 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: LITTLE FRIEND GUN CLUB, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

114 S W C OWEN AVE  
CLEWISTON, FL 33440

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to create an organization  
of individuals with three principles: knowledge,  
service, and integrity, to improve our community.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALAIN HERNANDEZ - PRESIDENT Name and Title: \_\_\_\_\_

Address: 308 W AVENIDA DEL RIO Address: \_\_\_\_\_  
CLEWISTON, FL 33440

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: ALAIN HERNANDEZ

Address: 308 W AVENIDA DEL RIO

CLEMISTON, FL 33440

**ARTICLE VII INCORPORATOR**

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

Name: ALAIN HERNANDEZ

Address: 308 W AVENIDA DEL RIO

CLEMISTON, FL 33440

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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

3/9/16  
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.*

\_\_\_\_\_  
Required Signature of Incorporator

3/9/16  
Date