

N116600004153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

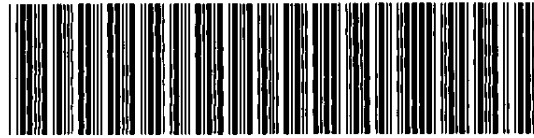
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR 26 AM 10:59

APPROVED  
AND  
FILED

COVER LETTER

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

SUBJECT: Combat Veterans Motorcycle Association chapter 20-12  
(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:

Timothy L. Ford  
Name (Printed or typed)

312 Laureno Place  
Address

Panama City Beach FL 32413  
City, State & Zip

905-834-3133  
Daytime Telephone number

armstrong@Abl.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: Combat Veterans Motorcycle Association Chapter 20-12

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

2600 Dade Av.  
Panama City Fl. 32408

FILED  
APR 26 AM 10:59  
TALLAHASSEE  
STATE OF FLORIDA  
CORP

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: 501(c) veterans organization  
designed to solicit funds to support local  
veterans needs such as but not limited to  
veterans home, homeless veterans, training of  
veterans.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: elected  
by articles of by-laws (attached)

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

Name and Title:	<u>Ben white</u>	Name and Title:	<u>Commander-President</u>
Address	<u>3265 Almanac Rd</u>	Address:	
	<u>Tallahassee Fl. 32309</u>		

Name and Title:	<u>Gary Ford</u>	Name and Title:	<u>Executive Officer</u>
Address	<u>2600 Dade Av.</u>	Address:	
	<u>Panama City, Fl. 32408</u>		

Name and Title:	<u>Devin Goodman</u>	Name and Title:	<u>Treasurer</u>
Address	<u>13 Salem Ct.</u>	Address:	
	<u>Havana Fl. 32333</u>		

Name and Title: Robert Head Name and Title: Secretary

Address: 2600 Dade Av Address: \_\_\_\_\_  
Panama City, Fl. 32408 \_\_\_\_\_

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: Tim Ford

Address: 312 Laureno Place  
Panama City Bch Fl. 32413

**ARTICLE VII INCORPORATOR**

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

Name: Tim Ford

Address: 312 Laureno Place  
Panama City Bch Fl. 32413

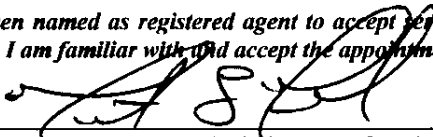
**ARTICLE VIII EFFECTIVE DATE:**

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.

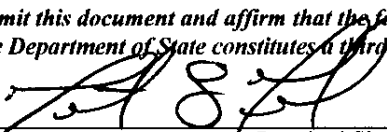
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

04-25-2016  
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

04-25-2016  
Date