

N16000004763

(Requestor's Name)

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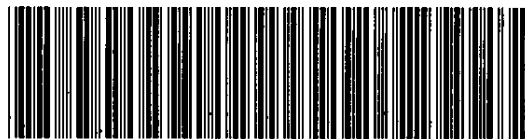
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COVER LETTER

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

SUBJECT: AMERICAN Legion Post 171 Robert L. COLMAN, 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: NATHANIEL JENKINS
Name (Printed or typed)

6305 SPRING LAKE TERRACE
Address

FORT PIERCE, FL. 34951
City, State & Zip

772-595-6401
Daytime Telephone number

BAJ Whiteside@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: AMERICAN LEGION Post 171, ROBERT L. COLEMAN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1814 N. 21st STREET
FORT PIERCE, FL. 34950

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO provide support services for veterans, their wives,
widows, children and orphans. To support non-profit
organizations in the community that foster a spirit
of Americanism and support the positive development
of children; i.e. JROTC, POP WARNER ATHLETICS, BOYS STATE
GIRLS STATE, BOY SCOUTS, GIRL SCOUTS, ORATORICAL CONTESTS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By majority
vote of members at the annual election.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Tommy E Ffend - Comm
NDCA

Address

4804 EVERGREEN AVE.
FORT PIERCE, FL. 34947

Name and Title:

NATHANIEL JENKINS - ADJUTANT

Address

6305 SPRING LAKE TER.
FORT PIERCE, FL. 34951

Name and Title:

FREDDIE BRITT - 1st Vice
COMMANDER

Address

432 N. 21st STREET
FORT PIERCE, FL. 34950

Name and Title:

ANTHONY PETERS - FINANCE OFFICER

Address

749 N.W. KINGSTON ST.
PORT ST. LUCIE, FL. 34983

Name and Title:

LEONARD KNOWLES
2nd Vice Commander

Address

1105 KENTUCKY AVE.
FORT PIERCE, FL.

Name and Title:

BARBARA A. JENKINS - HISTORIAN

Address

6305 SPRING LAKE TER.
FORT PIERCE, FL. 34951

Name and Title: ISAAC DUNBAR-SERVICE
Address: OFFICER
P.O. Box 402
FORT PIERCE, FL. 34954

Name and Title: EDDIE DAVIS-SGT-AT-ARMS
Address: 3503 AVENUE S
FORT PIERCE, FL. 34950

Name and Title: HENRY CHAYTON-CHAPLAIN
Address: 2702 KINGSLEY DRIVE
FORT PIERCE, FL. 34950

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: NATHANIEL TENKINS
Address: 6305 SPRING LAKE TER.
FORT PIERCE, FL. 34951

ARTICLE VII INCORPORATOR

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

Name: NATHANIEL TENKINS
Address: 6305 SPRING LAKE TER.
FORT PIERCE, FL. 34950

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

Nathaniel Jenkins
Required Signature of Registered Agent

4/29/2016
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.

Nathaniel Jenkins
Required Signature of Incorporator

4/29/2016
Date



(Step 3 of 3) Thank you for your payment.

Please print this receipt and keep it for your records.

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Document Number : N15000002205

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