

N 14000000 5457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAY 24 PM 2:07

OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024
TEL: 844-386-0178
FAX: 214-317-4754
EMAIL: zoe@legalinc.com

DOCUMENT FILING REQUEST LETTER

Date Mailed: 5/19/2016

From: Zoe Dickson

To

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Name of Company: Operation Wakulla Inc.

Please file the attached formation documents, and return the following:

[1] Plain Copy of the filed documents

Please Fax/Email a copy of the filed documents upon acceptance of filing, if you have any questions on the filing please call me or email me at the number and email listed above

PLEASE RETURN FILED DOUCMENTS TO :
OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS
16 MAY 24 PM 2:07

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

SUBJECT: Operation Wakulla 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: Rocket Lawyer

Name (Printed or typed)

5850 Granite Parkway, Suite 215

Address

Plano, TX 75024

City, State & Zip

818-967-1467

Daytime Telephone number

chuck@bricklauncher.com

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Operation Wakulla Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

142 Melody Ln

Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes,

the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue

code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

As set forth in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Esther Ellis, Director

Name and Title: _____

Address 142 Melody Ln

Address: _____

Crawfordville, FL, 32327

Name and Title: Mike Ellis, Director

Name and Title: _____

Address 142 Melody Ln

Address: _____

Crawfordville, FL, 32327

Name and Title: Chuck Robinson, Director

Name and Title: _____

Address 103 Wildwood Dr

Address: _____

Crawfordville, FL, 32327

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 24 PM 2:07

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:

David K. Minacci

Address:

3520 Thomasville Rd, Fourth Floor

Tallahassee, FL, 32309

ARTICLE VII INCORPORATOR

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

Name:

Esther Ellis

Address:

142 Melody Ln

Crawfordville, FL, 32327

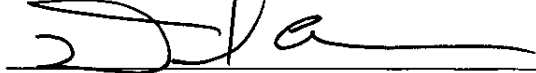
ARTICLE VIII EFFECTIVE DATE:

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.

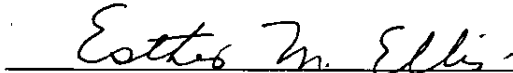
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

4/15/16
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.



Required Signature of Incorporator

4-14-2016
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE &
16 MAY 24 PM 2:07