N160000005874

(Rec	questor's Name)	
(Address)		
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
W16-37	b32	~





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05/16/16--01013--011 **70.00

16 JUN -8 PH 3: 27
SECRETARY OF STATE
ALL AHASSET FLORING

1/1/

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

SUBJECT:	Brevard	County	Surflife saving	association	B.C.S.A
(PROPOSED CORPORATE NAME – MUSY 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

l

Filing Fee & Certified Copy

\$87.50 Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

from:	ustin t	MeVicke Name (Printed o	or typed)
149	8 Krist!	dr Address	S
Ino	lian, Harbour	-, Beach City, State &	32937
	321-614-7	7391 Daytime Telepho	ne number
	_		mail. Com

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2016

JUSTIN T MCVICKER 148 KRISTI DR INDIAN HARBOUR BEACH, FL 32937

SUBJECT: BREVARD COUNTY SURFLIFESAVING ASSOCIATION

Ref. Number: W16000037632

We have received your document for BREVARD COUNTY SURFLIFESAVING ASSOCIATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 816A00010887

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

The name of the corporation shall be: Several	County Surflifesaving assoc	lation I
Principal street address: 48 Kristi dr Indian Harbour Beach FL	Mailing address, if different is:	
organized exclusively to purposes, including, for of distributions to or exempt organizations u	er in which the directors are elected and appointed:	5 25 0+
Name and Title: Pan Maloney Address 731 Nclda Ave NE Palm Bay; FL 32907 Name and Title: Mark Mathews Address 465 Sanderling Dr. Indiantic, FL 32903	Address: Addres	FILED
Name and Title:		

		-
Name and Thio.		
Address	Address:	
		FILED
		16 JUN - 8 PM 3: 27
Name and Title:	Name and Title:	SECRETARY OF STATE
Address		TALLAHASSEE FLORIDA
Address		· · · · · · · · · · · · · · · · · · ·
	<u> </u>	
	<u> </u>	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acc	entable) of the registe	ered agent is
· · · · · · · · · · · · · · · · · · ·		ord agone is.
Address: 148 Knsts Dr.		
Irdian Harlour Beach	1,FL 32937	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Name: JUSHA MCVICKE!		
Address: 148 Kristo Dr.		
Irdian Herrour Seac	h, FC 3293	7
ARTICLE VIII EFFECTIVE DATE:	;	
(If an effective date is listed, the date must be specific a	and cannot be more	
after the filing.)		
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's rec		iling requirements, this date will not be listed as the
·		
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment	as registered agent o	and agree to act in this capacity
Required Signature of Registere		05-14-16 Date
Required Signature of Registere	ed Agent	Date
I submit this document and affirm that the facts stated her to the Department of State constitutes a third degree felon		
//		
Required Signature of Inco	orporator	65-W-V6 Date