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COVER LETTER

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

SUBJECT: Carper	HERS LOCA	al 1820	CT line cheery)
	(FROI OSSE COM	Out of Many	SDODE SCITTAL)
Enclosed is an original and	d one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM.	D ₂ .	Page	

FROM: Kogers
Name (Printed or typed)

730 Fast Plant 5t.
Address

Winter Gorden, Fl 34787
City, State & Zip

467-877-6899
Daytime Telephone number

Frondog 1305 & Yahoo.com
E-mail address: (to be used forwature annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2016

RONNIE ROGERS 730 E PLANT ST. WINTER GARDEN, FL 34787

SUBJECT: CARPENTERS LOCAL 1820

Ref. Number: W16000040228

We have received your document for CARPENTERS LOCAL 1820 and your check(s) totaling \$87.50. 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.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 316A00011608

16 JUN 15 PH I2: 53

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

The name of the corporation shall be:	Local 1800, INC.
ARTICLE II PRINCIPAL OFFICE	
Principal street address: 730 East Plant 5+	
winter Gorden, F/ 34787	writer Gorden, F1 34778
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To profession of our membership, to secur work. To assist our members against any injustice that the moral, social and intelled members and all works.	bors in procuring employment s by legal and proper means may be done to them, improve ectual conditions of our
Altonake Springs, Fl 37701 Name and Title: Carol Morris, V Name and Address 6791 Payner Rd. Address: Polk City, Fl 33868 Name and Title: K. in Bower, T Name and	Graveland, F/ 34736 Title: Mantin Bower, 7 2030 Soffa Count Clerment, F/ 34714 Title: Richard Balland, T
Address 2030 Jaffa Count Address: clerment, Fl 34714	102 Oak Hammock. Dr. Dovenfort, F/ 33837

Name and Title: Ronnie Rogers, O Name and Title: James Fields, O
Address 1305 N. Haggerty, Pt Address: 12619 Maribon Circle Crystel River, F1 Grando, F1 32808
(2016/6) River F1 Goldon F1 32505
34429
3748-1
Name and Title: Larele: 5 mall, O Name and Title: Larry Poston, O
Name and Title: Larele: 5 moll, O Name and Title: Lorry Poston, O Address 5721 Bible Comp Rd. Address: 14111 Wonda, 54
Growland, F1 34736 Ocope, F1 34761
•
ABTICLE III DECIGNEDED ACCAIN
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Royars
Address: 730 Eggt Plant 5+
Address: 730 East Plant 5+ Winter Goods, F1 34787
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
Name: Ronnic Rogers
Address: 730 East Plant St
Winter Gorda, F1 34787
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 Date
Required Signature of Registered Agent 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 Required Signature of Incorporator Date