

NU6000006191

(Requestor's Name)

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(City/State/Zip/Phone #)

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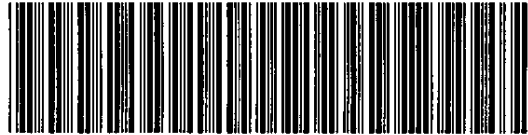
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Disabled American Veterans Auxiliary, Orange Blossom Gardens, Unit 150, 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: KAREN MARCUS, Adjutant/Treasurer
Name (Printed or typed)

1458 Abercrombie Way
Address

The Villages FL 32162
City, State & Zip

352-598-9493
Daytime Telephone number

Karen.marcus@ymail.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: Disabled American Veterans Auxiliary, Orange Blossom Gardens, Unit 150, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1458 Abercrombie Way
The Villages FL 32162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the "Disabled American Veterans Auxiliary" shall be to uphold the Constitution and laws of the United States, to realize the true American ideals and aims for which those eligible for Disabled American Veterans membership fought, to advance the interests and work for the betterment of all wounded, injured, and disabled veterans, to cooperate with all patriotic organizations and public agencies devoted to the cause of improving and advancing the condition, health and interest of wounded, injured or disabled veterans and their families, to stimulate a feeling of mutual devotion, helpfulness and comradeship among all members and to encourage in all people that spirit of understanding which will guard against future wars.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: nomination with 100% membership vote. OFFICER Term is one year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>DOLORIS WILSON</u> <u>COMMANDER</u>	Name and Title: <u>KAREN MARCUS</u>
Address: <u>2777 PERSIMMON LANE</u> <u>The Villages FL 32162</u> <u>COMMANDER</u>	Address: <u>1458 Abercrombie Way</u> <u>The Villages FL 32162</u> <u>ADJUTANT / TREASURER</u>
Name and Title: <u>CONSTANCE McCLAIN</u>	Name and Title: _____
Address: <u>2359 MAVERICK WAY</u> <u>The Villages FL 32162</u> <u>SR. VICE COMMANDER</u>	Address: _____
Name and Title: <u>JOAN MEZZATESTA</u>	Name and Title: _____
Address: <u>7788 SE 174th GLEN LEVER</u> <u>The Villages FL 32162</u> <u>JR VICE COMMANDER</u>	Address: _____

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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: Karen Marcus / Treasurer

Address: 1458 Abercrombie Way
The Villages FL 32162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karen Marcus / Treasurer

Address: 1458 Abercrombie Way
The Villages FL 32162

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

Karen Marcus
Required Signature of Registered Agent

4/21/2016
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.

Karen Marcus
Required Signature of Incorporator

4/21/2016
Date