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(Requestor's Name)

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☐ PICK-UP

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(Document Number)

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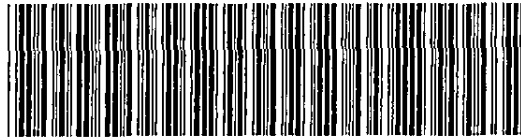
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JUN 2 2 2016

C. SCOTT



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16 JUN 23 AM 8:10

RECEIVED  
DIVISION OF CORPORATIONS

Rec 5/31/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2016

ANGELA N COOK  
P.O. BOX 575  
MOORE HAVEN, FL 33471

SUBJECT: AUXILIARY UNIT 299 FARRIS H DAVIS  
Ref. Number: W15000070104

We have received your document for AUXILIARY UNIT 299 FARRIS H DAVIS 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 616A00010397

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

SUBJECT: Auxiliary Unit 299 Farris H. Davis  
(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: Angela Nicole Cook  
Name (Printed or typed)

740 N. Verda St.  
Address

Clewiston, FL 33440  
City, State & Zip

704-222-6343  
Daytime Telephone number

NCook841@gmail.com  
E-mail address: (to be used for future annual report notification)

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

ARTICLE I. NAME

The name of the corporation shall be: Auxiliary Unit 299 Farris H. Davis Corporation

ARTICLE II. PRINCIPAL OFFICE

Principal street address:

600 River Rd SW

Moore Haven, FL 33471

Mailing address, if different is:

PO Box 575

Moore Haven FL 33471

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: God and Country Community  
Support for Veterans and Families

ARTICLE IV. MANNER OF ELECTION The manner in which the directors are elected and appointed: \_\_\_\_\_

Majority Vote

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gail Williams/President Name and Title: \_\_\_\_\_

Address 6700 Surrency Rd Address: \_\_\_\_\_  
Clewiston FL 33440

Name and Title: Kristy Seiler/Vice President Name and Title: \_\_\_\_\_

Address 1409 Sharon Ln Address: \_\_\_\_\_  
Clewiston, FL 33440

Name and Title: Angela N. Cook/Secretary Name and Title: \_\_\_\_\_

Address 740 N. Verda St Address: \_\_\_\_\_  
Clewiston, FL 33440

16 JUN 23 AM 8:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: Angela Cook  
Address: 600 River Rd SW  
Moore Haven, FL 33471

**ARTICLE VII INCORPORATOR**

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

Name: Gail Williams  
Address: Po Box 575  
Moore Haven, FL 33471

**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

Angela Cook  
Required Signature of Registered Agent

6-1-16  
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.

Gail Williams  
Required Signature of Incorporator

6-1-16  
Date