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*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: Krewe of Mystic Royals 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: Alan Little  
Name (Printed or typed)

304 Washington Ave  
Address

Gulf Breeze, FL 32561  
City, State & Zip

850-232-6698  
Daytime Telephone number

bugmanal@bellsouth.net  
E-mail address: (to be used for future annual report notification)

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**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: Krewe of Mystic Royals Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

4213 Lynn Ora Dr.  
Pensacola, FL 32504

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The mission of the organization shall be to provide the members who so choose to float in parades, and to hold an annual ball to be given on a Saturday night during the Prembenten season.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The officers shall be elected by a vote of the membership at annual meeting.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: President Alan Little

Name and Title: \_\_\_\_\_

Address

304 Washington Ave  
Gulf Breeze, FL 32561

Address: \_\_\_\_\_

Name and Title: Vice president B.J. Lanchart

Name and Title: \_\_\_\_\_

Address

474 E Linco Dr  
Pensacola, FL 32526

Address: \_\_\_\_\_

Name and Title: Treasurer/Secretary

Name and Title: \_\_\_\_\_

Address

Kaye Pouncey  
4213 Lynn Ora  
Pensacola, FL 32504

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: Kaye Pouncey  
Address: 4213 Lynn Ora Dr.  
Pensacola, FL 32504

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**ARTICLE VII INCORPORATOR**

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

Name: Alan Little  
Address: 304 Washington Ave  
Gulf Breeze 32561

**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*

Kaye Pouncey  
Required Signature of Registered Agent

6/21/16  
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.*

Alan Little  
Required Signature of Incorporator

6/21/16  
Date