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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

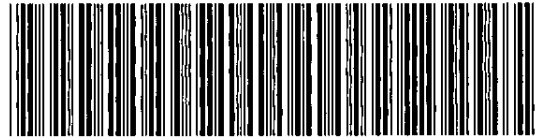
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

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

**SUBJECT:** Bob Poe for Congress, 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:** Lora Haggard

\_\_\_\_\_  
Name (Printed or typed)

71 Interlaken Road

\_\_\_\_\_  
Address

Orlando, FL 32804

\_\_\_\_\_  
City, State & Zip

423-443-3308

\_\_\_\_\_  
Daytime Telephone number

lora@bluewavepolitics.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: Bob Poe for Congress, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
71 Interlaken Road  
Orlando, FL 32804

Mailing address, if different is:

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Political Candidate Committee registered with the Federal Election Commission  
organized for the purpose of soliciting contributions and making expenditures in order to elect Bob Poe for Congress - FL 10.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed

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

Name and Title: Bob Poe, Chair

Address: 71 Interlake Road  
Orlando, FL 32804

Name and Title: Lora Haggard, Treasurer

Address: 71 Interlaken Road  
Orlando, FL 32804

Name and Title: Virginia Poe, Secretary

Address: 71 Interlaken Road  
Orlando, FL 32804

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

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

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

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

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: Lora Haggard  
Address: 71 Interlaken Road  
Orlando, FL 32804

**ARTICLE VII INCORPORATOR**

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

Name: Lora Haggard  
Address: 1100 Market Street  
Orlando, FL 32804

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 7/7/2016. (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

*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

\_\_\_\_\_  
Date