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07/11/16--01038--009 **78.75

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STATE OF ARIZONA
MARICOPA COUNTY

COVER LETTER

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

Tac Missileers.org

SUBJECT: _____

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Joe C Perkins

Name (Printed or typed)

3133 Ravines Rd.

Address

Middleburg, FL 32068

City, State & Zip

904-282-9064

Daytime Telephone number

jcperkster007@comcast.net

E-mail address: (to be used for future annual report notification)

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

FORMER DOC #100000 8322



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2016

JOE C PERKINS
3133 RAVINES RD.
MIDDLEBURG, FL 32068

SUBJECT: TAC MISSILEERS.ORG
Ref. Number: W16000050456

We have received your document for TAC MISSILEERS.ORG and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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: 016A00015207

RECEIVED

16 JUL 32 PM 12:35

16 JUL 32 PM 12:35

COVER LETTER

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

SUBJECT:

TAC MISSILEERS.ORG 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:

JOE PERKINS
Name (Printed or typed)

3133 RAVINES RD.
Address

MIDDLEBURG, FL 32068
City, State & Zip

904 282 9064
Daytime Telephone number

JL PERKINS TER 007@COMCAST.NET
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: TAC MISSILEERS ORG INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3133 RAVINES RD
MIDDLEBURG, FL 32068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS IS AN AIR FORCE MISSILE ORGANIZATION OF RETIRED PERSONNEL. THE ORGANIZATION WAS FORMED FOR REUNIONS AND COMARADIE OF GUYS THAT SERVED TOGETHER. WE SUPPORT OUR MEMBERS WITH A WEB SITE AND NEWS LETTERS. WE DO NOT SEEK MONEY FROM ANYONE AND USE DUES TO PAY FOR THE NEWS LETTER & WEB SITE.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ELECTIONS EVERY 2 YRS AT OUR REUNION.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOE PERKINS EXEC. DIRECTOR

Address: 3133 RAVINES RD
MIDDLEBURG, FL
32068

Name and Title: MAX BUTLER TREASURE

Address: 41 ROYAL DR.
EUSTIS FL
32726

Name and Title: DAVID DE RAIN

Address: 2312 WOLVERINE LAKE
MI 48390

Name and Title: JERRY BRENNER - SECRETARY

Address: 11009 GRANDVIEW DR
EVANSVILLE, INDIANA
47712

Name and Title: DAVID DE RAIN - PRESIDENT

Address: 2312 INDIANA
WOLVERINE LAKE
MI 48390

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16 AUG - 1 PM 1:38

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: JOE PERKINS

Address: 3133 RAVINES RD.
MIDDLEBURG, FL 32068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOE PERKINS

Address: 3133 RAVINES RD.
MIDDLEBURG, FL 32068

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

Joe Perkins
Required Signature of Registered Agent

7-28-16
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.

Joe Perkins
Required Signature of Incorporator

7-28-16
Date