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COVER LETTER

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

SUBJECT: Century Recreational Association 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: April Cofield
Name (Printed or typed)

5061 Pine Barken Rd
Address

Century FL 32535
City, State & Zip

(850) 776-5334
Daytime Telephone number

aprilwcofield@gmail.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: Century Recreational Association Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

110 Brown Road
McDAVID, FL 32568

Mailing address, if different is:

5061 PINE BARREN RD
Century FL 32535

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, and
Educational recreation purposes, including, for such purposes, the
making of distributions of organizations that qualify as exempt
organizations under section 501(c)(3) of the Internal
Revenue Code, or the corresponding section of any future
federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: are by
ballot and voting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricky Colfield (President) Name and Title: Eric Bryan (VP)

Address: 110 Brown Rd Address: 2311 Highway 4A
McDAVID, FL 32568 Century, FL 32535

Name and Title: April Colfield (Secretary) Name and Title: Jodie Grant (Treasurer)

Address: 5061 Pine Barren Rd Address: 5061 Pine Barren Rd
Century FL 32535 Century, FL 32535

Name and Title: _____ Name and Title: _____

Address: _____ 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: April Cotfield

Address: 5061 Pine Barren Rd
Century, FL 32535

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: April Cotfield

Address: 5061 Pine Barren Rd
Century, FL 32535

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

April Cotfield

Required Signature of Registered Agent

7/14/2016

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.

April Cotfield

Required Signature of Incorporator

7/14/2016

Date