## 11600001927

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| ,                                       |  |  |  |  |

Office Use Only

AUG 1 5 2016;



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08/05/16--01012--008 \*\*70.00

16 AUG -5 AM ID: 30

## **COVER LETTER**

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

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

Stevensb 1076 @ yahoo. 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)

| The name of the corporation shall be:  | thern Drotherhood Inc   |                     |
|--|---|---------------------|
| ARTICLE II PRINCIPAL OFFICE  |   |                     |
| Principal street address:  | Mailing address, if differen  |                     |
|  |   |                     |
| Eustis FL 32   | 736 Same  |                     |
|  | <u></u>   |                     |
| ARTICLE III PURPOSE  |   |                     |
| •  | zed is: To assist in Charitable   |                     |
| tor Vitrens and a  | heir families.  |                     |
|  | <u>,                                      </u>  |                     |
|  |   |                     |
|  |   |                     |
|  |   |                     |
|  |   |                     |
|  |   |                     |
| ARTICLE IV MANNER OF ELECTION  | The manner in which the directors are elected and appointed:                                | mnual Election      |
| ARTICLE IV MANNER OF ELECTION  | The manner in which the directors are elected and appointed:                                | mnual Election      |
|  |   | mnual Election      |
| ARTICLE V INITIAL OFFICERS AND/OF  | R DIRECTORS   | <del> </del>        |
| ARTICLE V INITIAL OFFICERS AND/OF  |   | <del> </del>        |
| Name and Title: Josesph Rodax Address 31604 Jay St   | R DIRECTORS  Name and Title: Address:   | <del></del>         |
| Name and Title: Tosesph Roday  | R DIRECTORS  Name and Title: Address:   | <del></del>         |
| Name and Title: Josesph Rodax Address 31604 Jay St   | R DIRECTORS  Name and Title: Address:   | <b></b>             |
| Name and Title: Josesph Rodax  Address 31604 Jay St  Eustis FL 3   | R DIRECTORS  Name and Title: Address:   | <b></b>             |
| Name and Title: Josesph Roday  Address 31604 Jay St  Eustis FL 3  Name and Title: Bill Sapp V  | P   Name and Title:   | 16 AUG -            |
| Name and Title: Josesph Rodax  Address 31604 Jay St  Eustis FL 3  Name and Title: Bill Sapp Vi  Address 31604 Jay S                                      | P   Name and Title:   | 16 AUG - 5          |
| Name and Title: Josesph Roday  Address 31604 Jay St  Eustis FL 3  Name and Title: Bill Sapp V  | P   Name and Title:   | 16 AUG - 5 AM 10:   |
| Name and Title: Josesph Rodax  Address 31604 Jay St  Eustis FL 3  Name and Title: Bill Sapp Vi  Address 31604 Jay St  Eustis FL                          | P   Name and Title:   | 16 AUG -5 AM IO: 30 |
| Name and Title: Josesph Rodax  Address 31604 Jay St  Eustis FL  Name and Title: Bill Sapp V  Address 31604 Jay S  Eustis FL  Name and Title: Dale Larson | P Name and Title:  Address:  Name and Title:  Address:  Address:  Address:  Name and Title: | 16 AUG -5 AM IO: 30 |
| Name and Title: Josesph Rodax  Address 31604 Jay St  Eustis FL 3  Name and Title: Bill Sapp V  Address 31604 Jay S  Eustis FL                            | P   Name and Title:   | 16 AUG -5 AM ID: 30 |

| Name and Title:_           |   | Name and Title:                       |  |
|----------------------------|---|---------------------------------------|--|
| Address _                  |   | Address:                              |  |
| _                          |   |                                       |  |
| Name and Title:_           |   | Name and Title:                       |  |
| Address _                  |   | Address:                              |  |
| _                          |   |                                       |  |
|                            | <u>REGISTERED AGENT</u><br>orida street address (P.O. Box NOT               | acceptable) of the registered agent i | s:   |
| Name:                      | Joseph Rodah  | -                                     |  |
| Address:                   | 31604 Jay St.   |                                       |  |
|                            | Eustis Fl 3   |                                       |  |
| ARTICLE VII The name and a | INCORPORATOR  Idress of the Incorporator is:  Joseph Rodak                  |                                       |  |
| Address:                   | 31604 Jay St.   | <del></del>                           |  |
| ADTICLE IZII               | EUSTIS FL 35  | <u> 77 36 </u>                        |  |
| Effective date, if         | other than the date of filing:  | ic and cannot be more than five       | ONAL)<br>business days prior or 90 business days                         |
|                            | inserted in this block does not meet tive date on the Department of State's |                                       | rements, this date will not be listed as the                             |
| certificate, I am j        | familiar with and accept the appointm                                       | ent as registered agent and agree to  | ed corporation at the place designated in this<br>o act in this capacity |
|                            | Required Signature of Regis   | <del></del> .                         | 7-29-16  |
| I submit this doc          |   | l herein are true. I am aware that a  | Date<br>ny false information submitted in a documen                      |
| _drsm                      | M C Rockoll Required Signature of   |                                       | 7-29-16<br>Date  |
|                            | Required Signature of   | Incorporator                          | Date   |

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