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DIVISION OF CORPORATIONS
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K 08/25/16

COVER LETTER

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

SUBJECT: Kings Point Archery Club 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: William K Humes
Name (Printed or typed)

625 Masterpiece Drive
Address

Sun City Center, Florida 33573
City, State & Zip

813-633-9361
Daytime Telephone number

WKHumes@hotmail.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: Kings Point Archery club Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2224 Brackfield Greens Circle

Sun City Center, FL 33573

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote the sport of Archery.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: T Steven Nicholson - Pres. Name and Title: Joseph D White - Sec.

Address: 307 Kinneret Way Address: ~~2224~~ Brackfield Grns. Cir.
Sun City Center, FL 33573 Sun City Center, FL 33573

Name and Title: William K Humas - 1st VP Name and Title: Kathleen Grimmer

Address: 625 Masterpiece Drive Address: 2128 Nantucket Drive
Sun City Center, FL 33573 Sun City Center, FL 33573

Name and Title: Michael Bardeil - 2nd VP Name and Title: _____

Address: 1109 McDaniel Street Address: _____
Sun City Center, FL 33573

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: William K Humes
William K Humes

Address: 625 Masterpiece Drive
Sun City Center, FL 33573

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William K Humes
William K Humes

Address: _____

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

William K Humes

Required Signature of Registered Agent

25 July 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.

William K Humes

Required Signature of Incorporator

25 July 2016

Date

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