

COVER LETTER

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

SUBJECT: Arnold Vern Allen American Auxiliary, Unit 166. Department of Florida, Inc.

(PROPOSED CORPORATE NAME -- MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : (CHECK PREVIOUSLY SENT)

☐ \$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: ~~Sandra Hume Scott~~ NATALIE SCOTT
Name (Printed or typed)

P.O. Box 767

Address

Homosassa Springs, Florida 34447-0767

City, State & Zip

~~352-419-8810~~ 352-277-1719
Daytime Telephone number

~~post166@gmx~~ NNKOKA@GMY.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: Arnold Vern Allen American Legion Auxiliary, Unit 166, Department of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

2016 SEP -8 PM 1:16

Principal street address:
5340 W. Grover Cleveland Blvd

Homosassa Springs, FL 34447

Mailing address, if different is: STATE OF FLORIDA
P.O. Box 767
TALLAHASSEE, FLORIDA

Homosassa Springs, FL 34447-0767

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide assistance to Veterans and families of Veterans in need.

To provide help within the community when needed. AND TO SUPPORT AMERICAN
LEGION POST 166

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: See attached sheet

AS DEFINED IN UNIT 166 CONSTITUTION AND BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ~~Sandra H. Scott, President~~ NATALIE SCOTT, President
Address: ~~6232 E. Waverly Street~~ 17 POPLAR CT S
~~Inverness, FL 34452-8122~~
HOMOSASSA, FL 34446

MONICA COTTY, SECRETARY
Name and Title: ~~Yvette M. Pruitt, Secretary~~
Address: ~~54 Beverly Ct.~~ 5220 W. DISNEY LN
~~Homosassa, FL 34464-245~~ DUNELLON, FL
34433

Name and Title: ~~Andrew S. Wainwright, Vice President~~
Address: ~~4727 Bluebird Ter.~~
~~Leesville, FL 34461-9819~~

Name and Title: ~~Kenna S. Dinkson, Chaplain~~ ERSKINEA OWENS,
CHAPLAIN
Address: ~~4698 S. Orchard Ter.~~ 19 CYPRESS BLVD E
Homosassa, FL 34446-1746

Name and Title: ~~Joanell L. Tamm, Treasurer~~ MONICA COTTY
Address: ~~4698 S. Orchard Ter.~~ 5220 W. DISNEY LN
~~Homosassa, FL 34446-1746~~
DUNELLON, FL 34433

Name and Title: ~~Nancy L. Stoppel, Signet Anna~~
Address: ~~5565 W. Rindall~~
~~Homosassa, FL 34446-1553~~

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED

2016 SEP -8 PM 1:16

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ~~Sandra H. Scott~~ NATALIE SCOTT
Address: ~~6272 E. Waverly Street~~ 17 POPLAR CTS
~~Inverness, FL 34452-8122~~ HOMOSASSA, FL 34446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ~~Joanell J. Teresi~~ ERSKILEENA OWENS
Address: ~~4698 S. Orchard Ter.~~ 19 CYPRESS BLVD E.
Homosassa, FL 34446-1746

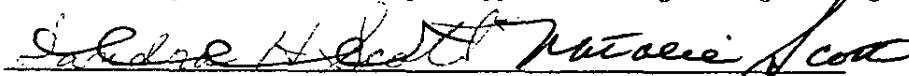
ARTICLE VIII EFFECTIVE DATE:

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.

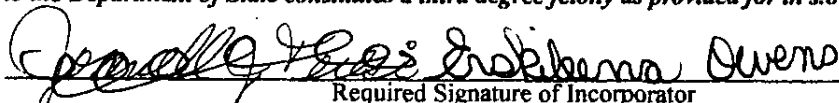
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

Date

~~6/27/15~~ 8/24/16

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

~~6/27/15~~ 8/24/16