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16 SEP 30 PM 2:07

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COVER LETTER

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

SUBJECT: North Florida Chapter of the Buffalo Soldiers, 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: Will Barnes
Name (Printed or typed)

4993 Highway 1162
Address

Marianna FL 32446
City, State & Zip

850.209.1172
Daytime Telephone number

wdbarne5@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)

ARTICLE I NAME

The name of the corporation shall be: North Florida Chapter of the Buffalo Soldiers, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4993 Highway 162
Marianna, FL 32446

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized
is exclusively for charitable, religious, educational,
and/or scientific purposes under Section
501(c)(3) of the Internal Revenue Code

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Trooper Will Barnes - Pres.

Address:

4993 Hwy 162
Marianna, FL 32446

Name and Title: Trooper Sabrina Mandrekar

Address:

Secretary
4993 Highway 162
Marianna, FL 32446

Name and Title: Trooper Kim Wadsworth Hill

Address:

1st V. President
1027 7th Ave.
Graceville, FL 32440

Name and Title: Trooper Kenneth Brawn

Address:

Treasurer
1014 Mereds Ave.
Panama City, FL 32401

Name and Title: Trooper Ruben Merritt

Address:

2nd V. President
3470 Pearl St. Apt. 7
Graceville, FL 32440

Name and Title:

Address:

SEP 30 PM 2:07
STATE
TALLAHASSEE FLORIDA

FILED
SEP 30 2014

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: Will Barnes

Address: 4993 Highway 162
Marianna, FL 32446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Katrina R. Williams

Address: 4291 Wintergreen Rd.
Greenwood, FL 32443

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Sept 30, 2016 (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

Will Barnes

Required Signature of Registered Agent

9/29/16

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.

Katrina R. Williams

Required Signature of Incorporator

9-29-16

Date