

N 16000016330

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

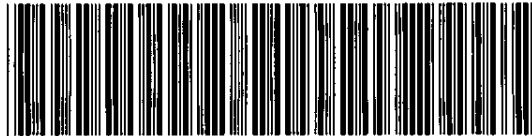
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900291306809

10/24/16--01005--005 \*\*70.00

C. GOLDEN  
OCT 24 2016

RECEIVED  
DEPARTMENT OF REVENUE  
16 OCT 24 AM 11:33  
TALLAHASSEE, FLORIDA  
APPROVED  
FILED  
16 OCT 24 PM 12:05

COVER LETTER

APPROVED  
AND  
FILED

16 OCT 24 PM 12:06

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: PUBLIX TENANTS ASSOCIATION, CORP.  
(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: GILBERT CASE  
Name (Printed or typed)

~~HERBERT~~ 2201 BERTHA ST.  
Address

JACKSONVILLE, FL 32207  
City, State & Zip

850 294-8221  
Daytime Telephone number

G2CASE@AOL.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: PUBLIX TENANTS ASSOCIATION 16 OCT 2006

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

10920 Baymeadows Rd #27 Jacksonville, FL 32256

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Support tenants of Publix Supermarkets in  
all aspects of fairness to tenants.  
Strictly non-profit group to collect  
voluntary dues by members at the month  
Vote on matters concerning tenants rights and  
take action w/ Publix real estate where needed.

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

By appointment by president as stated in by laws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GILBERT CASE, PRESIDENT Name and Title: GILBERT CASE

Address: 2201 Bertha St Address: \_\_\_\_\_  
Jacksonville, FL 32207

Name and Title: Napawan Pungyeniyama, Director Name and Title: NAPAWAN PUNYANIYAMA

Address: 1112 Carina Dr. Address: \_\_\_\_\_  
Tallahassee, FL 32308

Name and Title: Harold Ernst, Director Name and Title: HAROLD ERNST

Address: 2303 Eisenhower St. Address: \_\_\_\_\_  
Tallahassee FL  
32310

APPROVED  
A-5  
FL80

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
16 OCT 24 PM 12:06  
\_\_\_\_\_  
SECRET  
TALLAHASSEE FLORIDA

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: GILBERT CASE  
Address: 2201 Bertha St  
Jacksonville, FL 32207

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GILBERT CASE  
Address: 2201 Bertha St  
Jacksonville, FL 32207

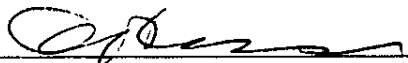
**ARTICLE VIII EFFECTIVE DATE:**

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

10-24-2016

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.*



Required Signature of Incorporator

10-24-2016

Date