## N1600001Z003

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
2
Special Instructions to Filing Officer:





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## COVER LETTER ...

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

SUBJECT: City of Pale	n Coast Historical Society and Museum, 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	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate  PY REQUIRED						
FROM:		(Printed or typed)	-						

palmcoasthistorical@gmail.com

E-mail address: (to be used for future annual report notification)

Cell 571 235 3205 Home 386 597 7797

Palm Coast, FL 32137

NOTE: Please provide the original and one copy of the articles.

Address

City, State & Zip

Daytime Telephone number

16 DEC 15 PM 6: 01

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

ARTICLE The name	of the corporation shall be:	Historical Society	and Museum, Inc.		_	
<u>ARTIÇLE</u>	II PRINCIPAL OFFICE					
Principal <u>street</u> address: 18 Florida Park Drive		Р.С	Mailing address, if different is: P.O. Box 352613			
Palm Coast, FL 32137			Palm Coast, FL 32135			
public abo	The section of any future federal code.		rganized exclusively for the purpose of education 501 (c)(3) of the Internal Revenue		<del></del>	
DISSOLU	TTION CLAUSE: Upon the dissolution of this	organization, all	assets shall be distributed for one or more	exempt	purposes	
within the	meaning of Section 501(c)(3) of the Internal Re	evenue Code or co	orresponding secton of any future federal t	ax code	, or shall	
be distribu	ated to the federal government, or to a state or lo	cal government,	for a public purpose.			
ARTICLE	Venne William Director & President		Eldridge, Patricia, Director	-		
Name and Titl Address	27 Becker Lane	Name and Title	86 Lake Forest Pl.	<u>5</u>	338	
	Palm Coast, FL 32137	Address:	Palm Coast, FL 32137	EC	ایم . - این	
	USA	_	USA	CII		
Name and	Title: Jones, Steven E, Director	<ul><li>Name and Title</li></ul>	Kroeger, Peter G, Director& Vice Pres.	e: ₽H €:	7.0% C	
Address	11 Frontier Dr.	_ Name and This Address:	29 Largo Vista Pl.		Signa Carra	
Address	Palm Coast, FL 32137	Address:	Palm Coast, FL 32164			
	USA		USA			
Name and	Title: Pitman, Jack R., Director	 _ Name and Title	Sedlak, Jean T, Director			
Address	13 Wendy Ln.	Address:	14 Colony Ct.			
	Palm Coast, FL 32164	<u> </u>	Palm Coast, FL 32137			
	USA	_	USA			

Name and Title:	:Name and Title:	
Address	Address:	
		and the second s
Name and Title:	: Name and Title:	<del></del>
Address _	Address:	16 DEC
ARTICLE VI The name and I	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	15 PH
Name:	McKay, Margaret	0. O.
Address:	18 Florida Park Drive	
	Palm Coast, FL 32137	
	INCORPORATOR  address of the Incorporator is:  Lemieux, Carol K.	
Address:	70 Rivers EdgeLane	
	Palm Coast, Fl 32137	
Effective date, i	if other than the date of filing: January 9, 2017 date is listed, the date must be specific and cannot be more than five days prior or 90 days	nys after the filing.)
	te inserted in this block does not meet the applicable statutory filing requirements, this date we ective date on the Department of State's records.	ill not be listed as the
	amed as registered agent to accept service of process for the above stated corporation at the familiar with and accept the appointment as registered agent and agree to act in this capacity.    July	
	ocument and affirm that the facts stated herein are true. I am aware that any false information ent of State constitutes a third degree felony as provided for in s.817.155, F.S.	n submitted in a document
•	Required Signature of Incorporator	Dec. 7016
	<ul> <li>Required Signature of Incorporator</li> </ul>	Date