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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 02/23/17

COVER LETTER

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

SUBJECT: BOYKIN RANGERS OF AMERICA, 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 C. BOYKIN
Name (Printed or typed)

870 N. MIRAMAR AVE., SUITE 213
Address

INDIALANTIC, FLORIDA 32903
City, State & Zip

(321) 210-5757
Daytime Telephone number

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: BOYKIN RANGERS OF AMERICA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
870 N. Miramar Ave., Suite 213
Indialantic, Florida 32903

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educational purposes and historic preservation

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William C. Boykin, President
Address: 870 N. Miramar Ave., Suite 213
Indialantic, Florida 32903

Name and Title: William C. Boykin, Treasurer
Address: 870 N. Miramar Ave., Suite 213
Indialantic, Florida 32903

Name and Title: William C. Boykin, Vice President
Address: 870 N. Miramar Ave., Suite 213
Indialantic, Florida 32903

Name and Title: _____
Address: _____

Name and Title: William C. Boykin, Secretary
Address: 870 N. Miramar Ave., Suite 213
Indialantic, Florida 32903

Name and Title: _____
Address: _____

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 C. Boykin
Address: 870 N. Miramar Ave., Suite 213
Indialantic, Florida 32903

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William C. Boykin
Address: 870 N. Miramar Ave., Suite 213
Indialantic, Florida 32903

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 days prior or 90 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 C Boykin
Required Signature of Registered Agent

2-16-17
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 C Boykin
Required Signature of Incorporator

2-16-17
Date