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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:	<u>William C. Boykin, President</u>	Name and Title:	<u>William C. Boykin, Treasurer</u>
Address	<u>870 N. Miramar Ave., Suite 213</u>	Address:	<u>870 N. Miramar Ave., Suite 213</u>
	<u>Indialantic, Florida 32903</u>		<u>Indialantic, Florida 32903</u>
<hr/>			
Name and Title:	<u>William C. Boykin, Vice President</u>	Name and Title:	<u></u>
Address	<u>870 N. Miramar Ave., Suite 213</u>	Address:	<u></u>
	<u>Indialantic, Florida 32903</u>		<u></u>
<hr/>			
Name and Title:	<u>William C. Boykin, Secretary</u>	Name and Title:	<u></u>
Address	<u>870 N. Miramar Ave., Suite 213</u>	Address:	<u></u>
	<u>Indialantic, Florida 32903</u>		<u></u>
<hr/>			

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