

N17000002367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

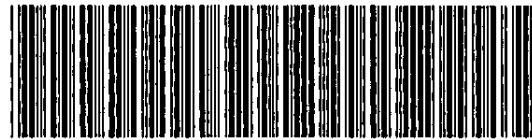
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## COVER LETTER

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

**SUBJECT:** Astor VFW Post 9986 of U.S. 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:** Wayne C. Hartford

\_\_\_\_\_  
Name (Printed or typed)

24020 Ermine Rd.

\_\_\_\_\_  
Address

Astor, FL 32102

\_\_\_\_\_  
City, State & Zip

352-454 9103

\_\_\_\_\_  
Daytime Telephone number

post9986@flvfw.org

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: Astor VFW Post 9986 of the U.S. Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
55620 Veterans Dr.

Astor, Fl. 32102

Mailing address, if different is:  
PO Box 141

Astor Fl. 32102

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: fraternal, patriotic, historical, charitable and educational; to assist veterans and their families.

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

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

Name and Title: Wayne Hartford, Commander

Address: 24020 Ermine Rd.  
Astor, Fl. 32102

Name and Title: Kathleen Trappe, Quartermaster

Address: 22324 Blue Creek Lodge Rd.  
Astor, Fl. 32102

Name and Title: James Schelldorf, Sr. Vice Commander

Address: 22102 Blue Creek Lodge Rd.  
Astor, Fl. 32102

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Walter Ward, Jr. Vice Commander

Address: 448 Shaw Lake Rd.  
Pierson Fl. 32180

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: Wayne Hartford

Address: 24020 Ermine Rd.  
Astor, Fl. 32102

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Wayne Hartford

Address: 24020 Ermine Rd.  
Astor, Fl. 32102

**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*

Wayne Hartford  
Wayne Hartford

Required Signature of Registered Agent

27 Feb 2017

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.*

Wayne Hartford  
Wayne Hartford

Required Signature of Incorporator

27 Feb 2017

Date