

N17000004093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

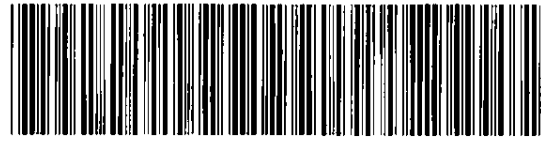
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



100297721581

100297721581
04/14/17 01012-017 *\$37.50

RECEIVED
DEPARTMENT OF REVENUE
17 APR 14 PM 12:29

COVER LETTER

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

SUBJECT: Rollins Family Reunion, 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: Patrick L. Mason
_____ Name (Printed or typed)

5872 Charlie-n-Janice Terrace
_____ Address

Tallahassee, Florida 32312
_____ City, State & Zip

(850) 668 - 2060
_____ Daytime Telephone number

_____ *closeh@comcast.net*
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: Rollins Family Reunion, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: <u>5872 Charlie-n-Janie Terrace</u> <u>Tallahassee, Fl 32312</u>	Mailing address, if different is: <u>4601 Pemberton Road</u> <u>Tallahassee, FL 32308</u>
---	---

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation exists to execute the financial and other business activities of the Rollins family reunion. The principle activity of the Rollins family reunion is a biennial gathering of the descendants of Charles Henry & Susan McClain Rollins. The corporation is empowered to conduct the affairs of this family gatherings. Additionally, the corporation will conduct other non-profit activities related to preserving the history, traditions, and cultural contributions of the Rollins family, as well as propogating the accomplishments of the Rollins family.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected by the body.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Henrietta R. Close, Treasurer</u> Address: <u>4601 Pemberton Road</u> <u>Tallahassee, FL 32308</u>	Name and Title: <u>Elogia R. Campfield, President</u> Address: <u>282 Water Oak Drive</u> <u>Tallahassee, FL 32305</u>
Name and Title: <u>Patrick L. Mason, member</u> Address: <u>5872 Charlie-n-Janie Terrace</u> <u>Tallahassee, Fl. 32312</u>	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	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: Henrietta Rollins Close

Address: 4601 Pemberton Road

Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

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

Name: Patrick L. Mason

Address: 5872 Charlie-n-Janie Terrace

Tallahassee, FL 32312

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

Henrietta Rollins Close
Required Signature of Registered Agent

4/14/2017
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.

[Signature]
Required Signature of Incorporator

4/14/2017
Date