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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
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: 82nd Airborne Division 12 Sociation 12. 508 A rhome Chapter Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

□ \$70.00
Filing Fee
Filing Fee & Certificate of Status

□ \$78.75
Filing Fee & Certified Copy Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

FROM: Delbert M. Grush
Name (Printed or typed)

123 Rass St
Address

Tallahassee Fl 32301
City, State & Zip

BSO-242-1902
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)

RTICLE I	NAME corporation shall be: 32nd A. A. hore	Division Association 50	28 Airborne Chap
	PRINCIPAL OFFICE	,	
	Principal street address: 123 Bass St.	Mailing address, if different is:	
	Tallahassee, Fl. 32301		
RTICLE III The purpose for	PURPOSE or which the corporation is organized is:	entional Fund Wear	nded sociated
W	arrior tund, preservan	Tion Of printing 12	
h	istory.		
<u> </u>			,
<u>GCLOSO</u> ARTICLE V	MANNER OF ELECTION The manner in which lance with by laws. INITIAL OFFICERS AND/OR DIRECTORS		
Name and Ti	ile: Chairman Delbert M. Grush Name	and Title:	- -
Address	123 Bass St Addre	ss: <u> </u>	-
•	Tollahassee Fl. 32301		<u> </u>
Name and T	ille: VEC Cheirma Eric M. SOUS;Name	and Title:	
Address	703 French Dr Addre	ess:	.
	Culumbes, On 43228		
Name and T	litle:Name	e and Title:	
Address	ddr	ress:	
	- · 1970	<u>.</u>	
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Name and Title:	· .	Name and Title:					
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Name and Title:		Name and Title					
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ARTICLE VI	REGISTERED AGENT	mtable) of the reg	istered agent is:				
The name and Fl	orida street address (P.O. Box NOT acco	•	Broled aBern to.				
Name:	Delbert M. Gra					201	
Address:	123 Bass 5+				25	2017 AUG	
	Tallahassee, Fl	_32301			2 H A 8 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(i)	
ARTICLE VII The name and a	INCORPORATOR ddress of the Incorporator is:				77.	5 81 9	ED O
Name:	Delbert M. Gr	ush_			•	် စော	
Address:	Delbert M. Gr						
	Tallahassee, F						
	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific	and cannot be n	(OPTIONAL) nore than five days prior	or 90 days afte	r the filin	ıg.)	
Note: If the da document's effe	te inserted in this block does not meet the ective date on the Department of State's r	applicable statut ecords.	ory filing requirements, th	nis date will not b	e listed as	s the	
Having been n certificate, I an	amed as registered agent to accept servi a familiar with and accept the appointmen	ice of process for nt as registered ag	the above stated corport ent and agree to act in th	ition at the place is capacity	z designat	ted in l	this
1 0	Required Signature of Register			<u>\$125</u>	- 17	_	
`		_		Date		d	
I submit this de to the Departm	ocument and affirm that the facts stated l ent of State constitutes a third degree fel	terein are true. I ony as provided fo	am aware that any false i or in s.817.155, F.S.	nformation subn	utted in a	aocun	ieni
1_D.	A M Required Signature of In	ncorporator		<u> </u>	5-17 e	_	