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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	<u> </u>
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only

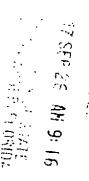
SEP 2 7 2017

T. SCOTT



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03/26/17--01003--005 **87.50



COVER LETTER

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

SUBJECT: UNION GRO	OVE ALUMNI ASSOCIATIO		
	(PROPOSED CORPO	DRATE NAME - MUST IN	
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Name (Printed or typed)		-
	P.O. Box 464	Address	-

Greenwood, FL 32443

leosims@centurylink.net

850-594-6181 OR 850-209-4951

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE II</u>	PRINCIPAL OFFICE				
451	Principal <u>street</u> address: 7 Basswood Road	Р.	Mailing address, if different O. Box 464	is:	
Gro	cenwood, FL 32443	Gr	cenwood, F1. 32443		
ARTICLE II	II PURPOSE for which the corporation is organized is	To provide healthy a		and elderly.	
					<u></u>
				<u> </u>	
ARTICLE I	V MANNER OF ELECTION The n	nanner in which the dir	ectors are elected and appointed:	nnual election	
ARTICLE IS	V MANNER OF ELECTION The n		ectors are elected and appointed:	nnual election	 -
ARTICLE V	' INITIAL OFFICERS AND/OR DIR	ECTURS	ectors are elected and appointed:		 -
ARTICLE V	itle: 1758 Sylvania Plantation Road	PECTORS Name and Titl	ectors are elected and appointed:		 -
ARTICLE V	/ INITIAL OFFICERS AND/OR DIR itle: Leo Sims, President	ECTURS	Bettye Dickens, Treasurer		
ARTICLE V Name and Ti Address	itle: Leo Sims, President 3758 Sylvania Plantation Road Greenwood, FL 32443 Shirl Williams, Vice-President	ECTORS Name and Titl Address:	Bettye Dickens, Treasurer 3556 Highway 71 North Marianna, FL 32446		
Name and Ti Address Name and Ti	itle: Leo Sims, President 3758 Sylvania Plantation Road Greenwood, FL 32443 Shirl Williams, Vice-President	Name and Titl Address: Name and Titl	Bettye Dickens, Treasurer 3556 Highway 71 North		÷
ARTICLE V Name and Ti Address	itle: Leo Sims, President 3758 Sylvania Plantation Road Greenwood, FL 32443 Shirl Williams, Vice-President	ECTORS Name and Titl Address:	Bettye Dickens, Treasurer 3556 Highway 71 North Marianna, FL 32446		47 CEP
Name and Ti Address Name and Ti Address	itle: Leo Sims, President 3758 Sylvania Plantation Road Greenwood, FL 32443 itle: Shirl Williams, Vice-President 4528 Bellamy Bridge Road Marianna, FL 32446	Name and Titl Address: Name and Titl Address: Address:	Bettye Dickens, Treasurer 3556 Highway 71 North Marianna, FL 32446		17 CEP 26 11.0 12.0
Name and Ti Address Name and Ti Address	itte: Leo Sims, President 3758 Sylvania Plantation Road Greenwood, FL 32443 itte: Shirt Williams, Vice-President 4528 Bellamy Bridge Road	Name and Titl Address: Name and Titl Address: Address:	Bettye Dickens, Treasurer 3556 Highway 71 North Marianna, FL 32446		47 CEP 2

Name and Title:_	Name and Title:
Address _	Address:
_	
-	
Name and Title:_	Name and Title:
Address _	Address:
_	
_	
ADTICI E IZI	REGISTERED AGENT
	lorida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Leo Sims
Address:	3758 Sylvania Plantation Road
riduress.	Greenwood, FL 32443
	
ARTICLE VII	INCORPORATOR
The name and ac	ddress of the Incorporator is:
Name:	<u>Leo Sims</u>
Address:	3758 Sylvania Plantation Road
	Greenwood, FL 32443
ARTICLE VIII	EFFECTIVE DATE: 09/22/17
Effective date, if (If an effective d	EFFECTIVE DATE: other than the date of filing: OPTIONAL
	- , , ,
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tive date on the Department of State's records.
Having been nai	med as registered agent to accept service of process for the above stated corporation at the place designated in this
certificate, I am f	familiar with and accept the appointment as registered agent and agree to act in this capacity
	Lev. Sins 09/22/17
	Required Signature of Registered Agent Date
	ument and affirm that the facts stated herein are true. I am aware that any false information submitted in a documen It of State constitutes a third-degree felony as provided for in s.817.155, F.S.
	Y a serior land
	Required Signature of Incorporator /Date