

11700009682

(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

SEP 27 2017

T. SCOTT



300303809083

09/26/17--01003--005 **87.50

17 SEP 26 AM 9:16
STATE
CLERK
TOLSON

COVER LETTER

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

SUBJECT: UNION GROVE ALUMNI ASSOCIATION INCORPORATED
(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: Union Grove Alumni Association, Incorporated

Name (Printed or typed)

P.O. Box 464

Address

Greenwood, FL 32443

City, State & Zip

850-594-6181 OR 850-209-4951

Daytime Telephone number

leosims@centurylink.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: UNION GROVE ALUMNI ASSOCIATION INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4517 Basswood Road

Greenwood, FL 32443

Mailing address, if different is:

P. O. Box 464

Greenwood, FL 32443

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide healthy activities and services to the youth and elderly.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Annual election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leo Sims, President

Address: 3758 Sylvania Plantation Road
Greenwood, FL 32443

Name and Title: Bettye Dickens, Treasurer

Address: 3556 Highway 71 North
Marianna, FL 32446

Name and Title: Shirl Williams, Vice-President

Address: 4528 Bellamy Bridge Road
Marianna, FL 32446

Name and Title: _____

Address: _____

Name and Title: Ira B. Clark, Secretary

Address: 5900 Hartsfield Road
Greenwood, FL 32443

Name and Title: _____

Address: _____

17 SEP 25 AM 9:16
NOT A PUBLIC RECORD
FILED

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: Leo Sims

Address: 3758 Sylvania Plantation Road
Greenwood, FL 32443

ARTICLE VII INCORPORATOR

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

Name: Leo Sims

Address: 3758 Sylvania Plantation Road
Greenwood, FL 32443

ARTICLE VIII EFFECTIVE DATE: 09/22/17

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

Leo Sims
Required Signature of Registered Agent

09/22/17
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.

Leo Sims
Required Signature of Incorporator

09/22/17
Date