## N17000011807

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	"
PICK-UP WAIT	☐ MAIL
(Business Entity Name	)
(Document Number)	İ
Certified Copies Certificates o	Status
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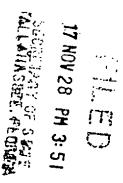
N. SAMS

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## FEORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2017

PATRICIA DAVIS | 3825 TIGER BAY RD, SUITE 161 DAYTONA BEACH, FL 32124

SUBJECT: FLORIDA 911 COORDINATORS ASSOCIATION, INC.

Ref. Number: W17000086208

We have received your document for FLORIDA 911 COORDINATORS ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

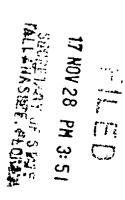
The address for the officers/directors are not listed on the document. Please correct and submit the document back to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 217A00021764



## **COVER LETTER**

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

Florida 011 C	`oordingtors A	Association, Inc.		
SUBJECT:	Į,		A APPENDAG A REED - REED COMPERSOR	N 1 11X 12 CH 11227 \$7 \
	(PRO	POSED CORPOR	RATE NAME – <u>MUST INC</u>	<u>:LUDĘ SUFFIX</u> )
Enclosed is an original a	nd one (1) d	opy of the Artic	les of Incorporation and	a check for:
\$70.00 Filing Fee	7	Fee & ficate of	□\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate
			ADDITIONAL CO	PY REQUIRED
FROM:	Patricia Dav	]	(Printed or typed)	
	3825 Tiger E	l Bay Rd, Suite 161 I		
			Address	
	Daytona Be	 ach, FL 32124 		
		Ci	ity. State & Zip	-
	386-248-177	l		_
		Daytime Telephone number		•
	tdavis@vesc	1		
1	E-mail address	s: (to be used for fu	ture annual report notificatio	n)

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

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

	NAME corporation shall be:	l da 911 Coordinate I	ors Association, I	nc.	
	-				
	Principal street address:			Mailing address, if d	lifferent is:
3825 T	iger Bay Rd, Suite 161				
Daytor	na Beach, FL 32124				
	PURPOSE which the corporation is o	organized is:		rdinators Association, Inc.	
purpose of prov	riding sound, experienced	and unified advice	to the Florida 9	11 Board and Florida Legis	slators to strengthen the
development an	nd implementation of 911	     	. The association	i will also work to collabor	ratively share public safety
educational info	ormation amongst coordin	 ators, stakeholders 	s, counties, reside	ents and visitors.	
				•	
ADTICLEN	MANNED OF ELECTI		in out into the diagram	ctors are elected and appoir	Directors will be
<u>ARTICLE IV</u> elected	by a majorid			ctors are elected and appoir Ders pursuant	
CICOTEG	by a majorn	O. CCC.	100 11011	x vo per ouem	
ARTICLE V	INITIAL OFFICERS A	N <u>D/OR DIRECTO</u> I	<u>PRS</u>		
Name and Title	Patricia Davis		Name and Title	:	
Address	3825 Tiger Bay Rd, Suite	161	Address:		
Addiess	Daytona Beach, FL 3212	<u> </u>	Address.	•	
					<del></del>
	Marti Walker				
Name and Title	150 Eslinger Way	9	Name and Title	ī	NOV 28
Address	Sanford, F1. 32773	<u></u>	Address:		
\$2 (1995.)	Deborah Sands				- 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
Name and Title	2725 Judge Fran Jamieso	n Way	Name and Title	;,	
Address	Building A - Suite 120	<u> </u>	Address:		
	Viera, FL 32940	<u>u</u>		++	
	+ 1010, 1 L U227V	1			

Name and Title:		Name and Title:	
Address		Address:	
_			
Name and Title:		Name and Title:	
Address		Address:	
<u></u>			
	REGISTERED AGENT		
Name:	Patricia Davis	OT acceptable) of the registered agent is:	
Address:	3825 Tiger Bay Rd,	Suite 161	<b>2</b> 3
	Daytona Beach, FL	32124	17 NOV 28
	INCORPORATOR dress of the Incorporator is: Patricia Davis		OV 28 PM 3:51
Address:	3825 Tiger Bay Rd	, Suite 161	
	Daytona Beach, FL	. 32124	
Effective date, if o	EFFECTIVE DATE: other than the date of filing: te is listed, the date must be sp	ecific and cannot be more than five days	,
	inserted in this block does not me ive date on the Department of Sta	eet the applicable statutory filing requiremente's records.	nts, this date will not be listed as the
certificate 1 am fa	uniliar with and accept the appoi	service of process for the above stated continent as registered agent and agree to act	in this capacity
	Required Signature of Re	egistered Agent Patricia L. Cavis	
I submit this docu to the Department	ment and affirm that the facts start of State constitutes a third degre	ated herein are true. I am aware that any for the felony as provided for in s.817.155, F.S.	
Patricia L. I.	Niceco L. Lo Mis Required Signature	Of Incorporator	11/13/17 Date