

017000012809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

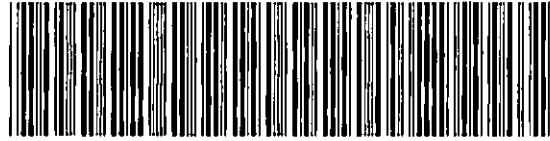
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COVER LETTER

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

SUBJECT: Mastercraft Council Corporation
(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: Christopher M. Dunn
Name (Printed or typed)

4714 Gautier Drive
Address

Tallahassee, Florida 32303
City, State & Zip

850-694-7108
Daytime Telephone number

christopher.dunn@gmail.com
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: Mastercraft Council Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4714 Gautier Drive

Tallahassee, Florida

32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Advancement of technical education
and training

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

according to bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher M. Dunn, Director Name and Title: _____

Address: 4714 Gautier Drive Address: _____
Tallahassee, Florida
32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: CHRISTOPHER M. DUNN
Address: 4714 Gauthier Drive
Tallahassee, Florida 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTOPHER M. DUNN
Address: 4714 Gauthier Drive
Tallahassee, Florida 32303

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

Required Signature of Registered Agent

29 DEC 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.

Required Signature of Incorporator

29 DEC 2017
Date