

N 18000001222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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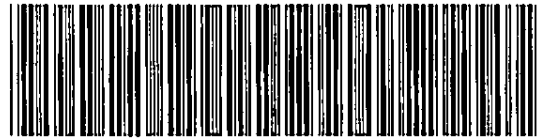
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
ALABAMA  
MONTGOMERY, ALABAMA

FEB 02 2018

K Brumley

## COVER LETTER

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

**SUBJECT:** Walton County Community Band, Inc.

(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:** Sherrie Binkowski  
Name (Printed or typed)

289 Whitman Way  
Address

Freeport, FL, 32439  
City, State & Zip

(256)708-1496  
Daytime Telephone number

waltoncountycommunityband@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: Walton County Community Band, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
34 Jefferson Lane, DeFuniak Springs, FL 32433

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide a source of arts in the form of music to a wide variety of  
people in the Walton County area. The wide variety of ages and ability levels serve to demonstrate how the arts can impact  
all people. We will also work with the bands in the local area to help promote the love of music to all ages.

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

Appointed by directors

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CLERK OF CIRCUIT COURT  
JANUARY 31 2018  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Nathan Frymire, Band Director</u>	Name and Title:	<u>Sherrie Binkowski, Treasurer</u>
Address	<u>34 Oakridge Road</u> <u>DeFuniak Springs, FL 32433</u>	Address:	<u>289 Whitman Way</u> <u>Freeport, FL 32439</u>
Name and Title:	<u>Ryan Meadows, Band Director</u>	Name and Title:	_____
Address	<u>2416 County Hwy 1883</u> <u>DeFuniak Springs, FL 32433</u>	Address:	_____
Name and Title:	<u>Shirley Hemming, Secretary</u>	Name and Title:	_____
Address	<u>34 Jefferson Lane</u> <u>DeFuniak Springs, FL 32433</u>	Address:	_____

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: Sherrie Binkowski  
Address: 289 Whitman Way  
Freeport, FL, 32439

**ARTICLE VII INCORPORATOR**

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

Name: Sherrie Binkowski  
Address: 289 Whitman Way  
Freeport, FL, 32439

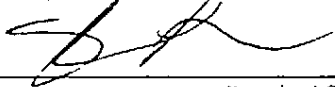
**ARTICLE VIII EFFECTIVE DATE:**

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.)

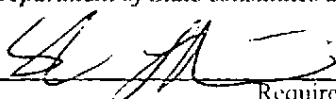
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1-28-18  
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

1-28-18  
Date