NISORROD 2224

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 082281 AUTHORIZATION : COST LIMIT : ORDER DATE: February 22, 2018 ORDER TIME : 9:13 AM ORDER NO. : 082281-001 CUSTOMER NO: 8179139 DOMESTIC FILING NAME: GATOR REDLEG ASSOCIATION, INC. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner - EXT.

COVER LETTER

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

•	(PROPOSED CORF	PORATE NAME - MUST INC	CLUDE SUFFIX)
· · · · · · · · · · · · · · · · · · ·	•		
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. :	•		
d is an original a	and one (1) copy of the A	rticles of Incorporation and	a check for :
	, (, , , , , , , , , , , , , , , , , ,		
⊋ \$70.00	578.75	□\$78.75	\$87.50
iling Fee	Filing Fee &	Filing Fee	Filing Fee.
	Certificate of	& Certified Copy	Certified Copy
	Status ·		& Certificate
•	•	ADDITIONAL CC	NOV DECLUDED
		ADDITIONAL CO	JPF KEQUIKED
•	· .		
-			
FROM:	Anthony King		
PROM.	N	ame (Printed or typed)	_
• • • • • • • • • • • • • • • • • • • •	•		
•	4140 Drane Field Rd		
		Address	-
•	Lakeland, FL, 33811		
•		City, State & Zip	
•			
	863-648-3231		 ,
	Day	rime Telephone number	
•			

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

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

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

The name of the	NAME Corporation shall be:	LEG ASSOCIATION, IN	C.	
	PRINCIPAL OFFICE		•	
41401	Principal <u>street</u> address: Drane Field Rd		Mailing address, if different	is:
Lakel	and, FL 33811			
		<u> </u>		
ARTICLE III	<u>PURPOSE</u>			
The purpose for	r which the corporation is organized	is:		
Care for, build	up and support the Soldiers of Flori-	da Field Artillery commu	ilty while working in the commun	nity to assist
fellow service	members and veterans.			
		·		
•				1
• .	•		_	
<u> </u>	•			
	MANNER OF ELECTION The	e manner in which the direc	tors are elected and appointed:	
As provided	for in the Bylaws			
ARTICLE V	INITIAL OFFICERS AND/OR D	IRECTORS		F. 5. 5
Name and Title	Jeremy Davis, Director	Name and Title:	Adam Barlow, Secretary	FEB
Address	4140 Drane Field Rd	Address:	4140 Drane Field Rd	
71041400	Lakeland, FL 33811		Lakeland, FL 33811	
		.		္ကိုင္တဲ့ ပို့
Name and Title	Ira Bryant, Treasurer	Name and Title	Casey Ducharme, Director	7
,	4004 Airport Rd	Address:	4140 Drane Field Rd	
	Plant City, FL 33563		Lakeland, FL 33811	
Name and Title	Rory Yarbrough, Director	Name and Title		
Address .	4004 Airport Rd	Address:	4140 Drane Field Rd	
	Plant City, FL 33563	 , 	Lakeland, FL 33811	 -

Name and Title		Name and Title:	
Address		Address:	
,			
Name and Title	· ·	Name and Title:	
Address		Address:	
·]		· · · · · · · · · · · · · · · · · · ·	<u> </u>
• •.			· · · · · · · · · · · · · · · · · · ·
	<u> </u>		•
The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acce	entable) of the employment are a les	
Name:	Corporation Service Company	pianic) of the registered agent is:	18 FEB
-Address:	1201 Hays Street		25 N
•	Tallahassee, Fl. 32301		Section 1
••	•		
ARTICLE VII	INCORPORATOR		ੂੰ ਨੂੰ ਨੂੰ ਦੀ ਹੋੜ
Dr name and :	address of the Incorporator is:		
Name:	Anthony King		ur.
Address:	4140 Drane Field Rd		
	Lakeland, FL 33811		
ARTICLE VIII	EFFECTIVE DATE:	(ONTION) AT A	
(If an effective	fother than the date of filing: date is listed, the date must be specific a	nd cannot be more than five days prior or	90 days after the filing.)
•			
	e inserted in this block does not meet the u etive date on the Department of State's rec	oplicable statutory filing requirements, this cords.	late willinot be listed as the
certificate. I am	familiar with and accept the appointment of	of process for the above stated corporation as registered agent and agree to act in this co Roxanne Turne	ipacin.
By: Corporation S	Required Signature of Registered	Asst. Vice Presid	~ (11 <u>~</u> ~11 ~
	, ,	•	traic t
I submit this doc to the Departmen	rument and affirm that the facts stated here of State constitutes a third degree felony	rin are true. I am aware that any false infor as provided for in s.817.155, F.S.	mution submitted in a document
Knot	Tions /		27 FEB 18
			15.4