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COVER LETTER

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

SUBJECT: Barefoot Bay Unit - Marine Corps League Auxiliary, Inc.

Enclosed is an original a	nd one (1) copy of the Art	ticles of Incorporation and	a check for:
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED

FROM: Gayle W. Heath

Name (Printed or typed)

12850 81st Avenue

Address

Sebastian, FL 32958

City. State & Zip

(772) 538-6949

Daytime Telephone number

heath, gayle @ yahao.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 1 NAME
The name of the corporation shall be: Barataot Bay Unit - Marine (orps League Auxiliary, Inc.

•			1		•
ARTICLE II	PRINCIPAL OFFICE			O	
	Principal street address:		Mailing address		
1_2	.850 81st Avenue		P.O. B	0× 1272	
Sq	bostian, FL 32958	3	Rosela	nd, FL	
	,			32957 -	1272
ARTICLE II	I <u>PURPOSE</u>			, ,	1
The purpose	for which the corporation is organized is:	SUPPORT	tand promo	ste the int	<u>erests</u>
of the	United States Dicine Co	ups, ma	arine largs h	ecque and-	the
marine	(orps boggie Auxiliary; -	to help	said Mar	inos as w	ellas
their	widows and orphan	Sand	to perpe	tuate the	history
	united States Marin			SE TAL	
		c cis p=	<u>-</u> 4	AHC. D	3
				SS.V.	
					r Fift
ARTICLE II					
arrelec	ted by the numbers. The	e restar	appointed by	the Alberton	3
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>PRS</u>		ŕ	
	a 1 1 4 D 11.	<u>_</u>	· 0 1	- 6-11	tudoismo -
Name and Ti	110: Gayle Heath, President	Name and Title	:: Counie Koc	igors Dr. Vico	2 (103/00)1
Address	12850 81st Ave	Address:	555 CrossC	reck Circle	
	Sebastian, FL 329	28	Sebostian,	FL 32958	; 1
			·		1
Name and Ti	110: Sally Woutess, Jr. Vice 763 Onyx Dr. NE Presiden	Name and Title	Dolla Ros	-kman . Tud	ge Advocate
Addraga	763 DOLY DE NESIGEN	Address	709 Hug	Cinth (ic	ر حرب
Address	Palas Bou El	Address:	Broefry + Br	14 FL	
	Palm Bay, FL 32905		<u>aciar n</u>	\mathcal{I}	
			> 11 > 0 -	32976	- (1)
Name and Ti	11e: Ginny Heady, Treasures	Name and Title	: Lebole Bou	jer secre «	-11 9
Address	250 Polphin (incl	Address:	1666 wn	itmore St.	
	Bereteut Big, FL		Sobastic	N, FL	-0
	32976			3295	\mathcal{E}

Name and Title: Timmie Owings, Chap	A Name and Title	Sadra Flynn	1, (apt. c	ftle Gc
Address 755 Onux Dr NE	Address:	729 Gladi	ólus D	Χ.
Palm Bay, FL		Briefrot Bay	FL	
3790	-	14000: 000)	32917	16
Name and Title: NA A	_ Name and Title	: N/A		
Address	Address:		 	
	_			
	_			
ADTICLE VI DECISTEDED ACENT				
The name and Florida street address (P.O. Box NOT acc	eptable) of the regi	stered agent is:		
Name: Debbie Boyer				
Address: 1006 Whitman	eSt.		Æ∷ #	
Selostian, FL			CAN LA	; ;
Je Do S. All I	3295	8	8 26 1AS	1
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:			PA -	
Name: Gayle Heath			F:21 STAIL LORU	المساه
Address: 12850 818+ Au	<u>بد</u>		DA	
Sebastian, FL	32958	3		
ARTICLE VIII EFFECTIVE DATE:	/ A			
Effective date, if other than the date of filing: N (If an effective date is listed, the date must be specific a		(OPTIONAL) re than five days prior or 90 c	days after the f	filing.)
ARTICLE IX DISSOLUTION: SO			•	
Note: If the date inserted in this block does not meet the	applicable statutory		will not be liste	d as the
document's effective date on the Department of State's re-	cords.			
Having been named as registered agent to accept service	e of process for th	e above stated corporation at i	the place desig	nated in this
certificate, I am familiar with and accept the appointment	as registered agen	t and agree to act in this capac		
Required Signature of Registers	je _	<u> </u>	16-18	
Required Signature of Registére	d Agent		Date	
I submit this document and affirm that the facts stated he to the Department of State constitutes a third degree felon			ion submitted in	a document
A O Okn P	, на реотиси јен п			
Required Signature of Inco	omorator	<u> </u>	16-18 Date	
1 1 reduced to Bright of the			~~~	

ARTICLE IX DISSOLUTION

Upon dissolution of this Incorporation, assets shall be distributed to one or more charitable voterans organizations.