

# N18000008142

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

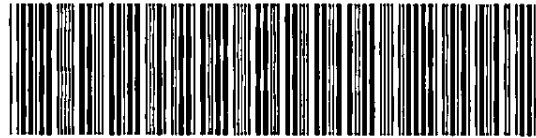
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS  
JUL 27 2018



300315300063

07/06/18--01001--015 ♦♦78.75

18 JUL 27 PM 4:07  
N. SAMS

## COVER LETTER

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

**SUBJECT:** Chuck's Village, 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:** Mary Diane Ruth  
\_\_\_\_\_  
Name (Printed or typed)  
  
1669 Privateer Drive  
\_\_\_\_\_  
Address  
  
Titusville, FL 32796  
\_\_\_\_\_  
City, State & Zip  
  
(321) 289-6273  
\_\_\_\_\_  
Daytime Telephone number

marydiane.ruth@gmail.com

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Chuck's Village, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1669 Privateer Dr, Titusville, FL 32796

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To assist in the needs of challenged individuals, for specific items  
needed that are not offered by governmental healthcare programs, charitable or not for profit organizations. This Not For  
Profit will assess the particular need, and if verifiable and funding available, will provide the purchase of specific  
equipment, aids, and need requested. Yearly elections will be held, and by a two-thirds vote from all active Volunteer  
Associates, a Managing Director will be appointed. The Managing Director will serve a term of one year.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Yearly Elections.

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

Name and Title: Mary Diane Ruth, Managing Director

Address: 1669 Privateer Dr.  
Titusville, FL 32796

Name and Title: Rachel Wall, Volunteer Associate

Address: 1669 Privateer Dr.  
Titusville, FL 32796

Name and Title: M. Faye Walley, Volunteer Associate

Address: 1626 Privateer Dr.  
Titusville, FL 32796

Name and Title: James Conner, Volunteer Associate

Address: 594 Orange Grove Avenue  
W. Melbourne, FL 32904

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

18 JUL 27 PM 4:18  
NOTED  
18 JUL 27 PM 4:18

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: Mary Diane Ruth  
 Address: 1669 Privateer Drive  
Titusville, FL 32796

18 JUL 27 PM 4:18  
 DEPARTMENT OF STATE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Mary Diane Ruth  
 Address: 1669 Privateer Drive  
Titusville, FL 32796

**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*

Mary Diane Ruth  
 Required Signature of Registered Agent

7/23/2018  
 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.*

Mary Diane Ruth  
 Required Signature of Incorporator

7/23/2018  
 Date