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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

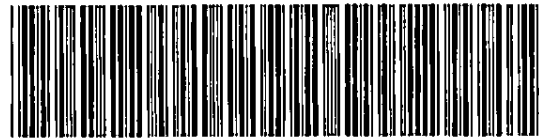
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 02 2018

K. Brumbley

COVER LETTER

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

SUBJECT: SOCIETY OF ST. VINCENT DE PAUL, ST. RITA CONFERENCE, 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: LAUREL BUNDENS
Name (Printed or typed)

280 BEACH DR NORTH
Address

MIRAMAR BEACH, FL 32550
City, State & Zip

858 335-8052
Daytime Telephone number

lbundens@cox.net

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 SOCIETY OF ST. VINCENT DE PAUL, ST. RITA CONFERENCE, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address: _____ Mailing address, if different is: _____
137 MOLL DR _____
SANTA ROSA BEACH FL 32459 _____

ARTICLE III PURPOSE The Organization is currently tax exempt under the Internal
The purpose for which the corporation is organized is: _____
Revenue Service Code Section 501(c)(3). We are a Public Charity that provides relief to the poor, the distressed or
the underprivileged. _____

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

AS Stated in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEPHEN ELLIOTT, PRESIDENT Name and Title: LAUREL BUNDENS, TREASURER
Address: 48 LIFEGUARD LOOP EAST Address: 280 BEACH DR NORTH
SEACREST FL 32461 MIRAMAR BEACH FL 32550

Name and Title: MAURICE STOUSE, VP Name and Title: CINDI BOWMAN, ASST TREAS
Address: 188 SAVELLE DR Address: 209 OAKS CIR
SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459

Name and Title: DANON MCMURTRY, SEC Name and Title: _____
Address: 225 WESTERN LAKE DR Address: _____
SANTA ROSA BEACH FL 32459 _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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: JOY MARLER MASTERS

Address: 221 MCKENZIE AVENUE

PANAMA CITY, FL 32401

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LAUREL BUNDENS

Address: 280 BEACH DR NORTH

MIRAMAR BEACH FL 32550

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

7-26-18
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

7/24/18
Date