

N18000008344

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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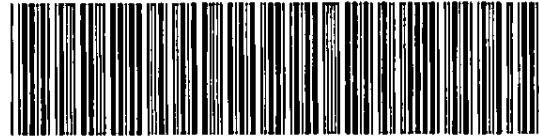
(Business Entity Name)

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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

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

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
137 MOLL DR

SANTA ROSA BEACH FL 32459

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Organization is currently tax exempt under the Internal

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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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 s817.155, F.S.

\_\_\_\_\_  
Required Signature of Incorporator

7/24/18  
Date