

118000010942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

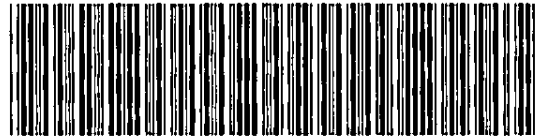
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2018 OCT 17 PM 12:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Veterans of Foreign Wars of the United States Auxiliary to Dumas Hartson Post 8189, 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: Juliene Crowe

Name (Printed or typed)

6916 W. Appian Street

Address

Homosassa, FL 34446

City, State & Zip

(352)345-1603

Daytime Telephone number

julienne345@gmail.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 I NAME

The name of the corporation shall be: Veterans of Foreign Wars of the United States Auxiliary to Dumas Hartson Post 8189, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8856 W. Veterans Drive
Homosassa, FL 34448

Mailing address, if different is:
P.O. Box 46
Homosassa, FL 34447

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To support veterans and their families and to support the community.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julienne Crowe, Treasurer

Address: 6916 W. Appian Street
Homosassa, FL 34446

Name and Title: JoAnne Peters, Sr. Vice-President

Address: 6185 W. Liberty Lane
Homosassa, FL 34448

Name and Title: Janet Webb, President

Address: 6675 W. Oaklawn Street
Homosassa, FL 34446

Name and Title: _____

Address: _____

Name and Title: Jenith Fowler, Trustee

Address: 4792 S. Amstel Drive
Homosassa, FL 34448

Name and Title: _____

Address: _____

2019 OCT 17 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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: Julienne Crowe
Address: 6916 W. Appian Street
Homosassa, FL 34446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julienne Crowe
Address: 6916 W. Appian Street
Homosassa, FL 34446

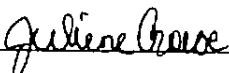
ARTICLE VIII EFFECTIVE DATE:

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.)

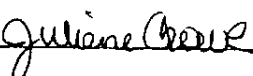
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/03/18
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

10/03/18
Date