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		\$78.75 Filing Fee & Certified Co	ру	\$87.50 Filing Fee Certified Copy & Certificate	
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	orate name – must inal and one (1) copy o x \$78.75 Filing Fee Certificat	te ations  314  CORIDA COLLEGE, S.R.I.C.F., INC ORATE NAME – MUST INCLUDE SUFFIX)  inal and one (1) copy of the Articles of Inc.  X \$78.75 Filing Fee & Certificate of Status  ADAMS  inted or typed)  MONA AVENUE	ADAMS  ACCEPTION  ACCE	te ations  314  ORIDA COLLEGE, S.R.I.C.F., INC ORATE NAME – MUST INCLUDE SUFFIX)  inal and one (1) copy of the Articles of Incorporation and a check for \$78.75 Filing Fee & Certificate of Status  ADAMS AD	te stions  S14  CORIDA COLLEGE, S.R.I.C.F., INC  ORATE NAME – MUST INCLUDE SUFFIX)  Inal and one (1) copy of the Articles of Incorporation and a check for:   X 578.75  Filing Fee & Filing Fee Certificate of Status  Certificate ADDITIONAL COPY REQUIRED  ADAMS  Inted or typed)  MONA AVENUE

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

ARTICLE I NAM	<u>E</u>			
The name of th	e corporation shall be: <u>FLORIDA COLLEGE S.R</u>	I.I.C.F., INC		
ARTICLE II PRIN	ICIPAL OFFICE			
Principal street		Mailing	g address, if different is:	
<u>605 N. RAMON</u> INDIALANTIC, F				
	<del></del>			
ARTICLE III PUR	POSE			
The purpose fo	r which the corporation is organized is: Florida	College S.R.I.C.F.	(Societas Rosicruciana in Civitatibus	_
Fpederatis) is a	Masonic Research organizations which relies e	ntirely on dues of	its membership. Scholarly papers are	_
presented and	discussed. The organization meets 4 times per y	vear with degrees	administered as needed for upward	_
movement to t	he leadership. No solicitation of funds are made	e from members o	out of public entities. The	
Secretary/Treas	surer is authorized to open and maintain a bank	caccount for the	organization. This organization should b	<u>se</u>
designated as a	fraternal organization. In the event of dissoluti	ion, any funds rer	naining will be sent to our parent	_
organization, Tl	ne High Council S.R.I.C.F.			_
ARTICLE IV MA	NNER OF ELECTION			
The manner in	which the directors are elected and appointed:	The President (Cf	hief Adept) appoints the Advisory	
	turn elects any members nominated by our me			– la
College is 72.				_
ARTICLE V INIT	AL OFFICERS AND/OR DIRECTORS			
Name and Title	: CHARLES CICERO, PRESIDENT/ DIRECTOR	Name and Title	: CHARLES L. HOLLINGER, DIRECTOR	
Address	4124 RACOON LOOP	Address:	125 ANGELO ROAD SE	
	NEW PORT RICHEY, FL 34653		PALM BAY, FL 32909	
Name and Title	HENRY A. ADAMS, SEC/TREA/ DIRECTOR	Name and Title	: WILLIAM G. ELLIS JR., DIRECTOR	
Address	605 N. RAMONA AVENUE	Address:	1420 MERCURY STREET	
	INDIALANTIC, FL 32903		MERRITT ISLAND, FL 32953	
Name and Title	:	Name and Title	:	
Address		Address:		
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Name and Title: Address		A 1.1					<del></del>	
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ARTICLE VI REG	ISTERED AGENT							
The name and	Florida street address (P.O. Box NOT acc	eptable) of the registered	lageni	t is:				
	HENRY A. ADAMS	-	Ů		7.4 6.7			
Address:	605 N. RAMONA AVENUE	_				0.81		
	INDIALANTIC, FL 32903	_			<b>新</b> 哲。	330	רק:	
ARTICLE VII INC		-			ASTUE FLORIDA	27 PH		
The name and a	ddress of the Incorporator is:				77.			
Name:	HENRY A. ADAMS	_			물된	<u>က</u>		
Address:	605 N. RAMONA AVENUE	_			Ü.	02		<u>د</u> :
	INDIALANTIC, FL 32903	_						•
(If an effective of filing.)  Note: If the date	FECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific a  e inserted in this block does not meet the  cument's effective date on the Department	nd cannot be more than f e applicable statutory filir	îve da	ys prior (				)e
	med as registered agent to accept services is certificate, I am familiar with and acce			-		-		his
Hen	u a. adams		17	Dor	2018			
Required Signat	ure of Registered Agent	- (	Date	pas				
ŕ	cument and affirm that the facts stated i	herein are true. I am awar	e that	t any fals	e informat	ion si	ubmit	ted
	o the Department of State constitutes a				-			
Required Signat	ure of Incorporator	- (	<u>17</u> Date	Dec	2015			
Henry	A. Adams							