

N19000001455

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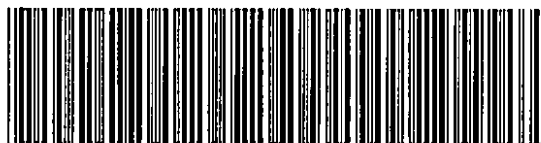
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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Charlotte Harbor Anthropological Society, 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: Vincent T. Ehmann Jr.  
Name (Printed or typed)

749 Merrick Lane NW  
Address

Port Charlotte, FL 33948  
City, State & Zip

(732) 740-5055  
Daytime Telephone number

teddyehmann@earthlink.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: Charlotte Harbor Anthropological Society, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

749 Merrick Lane NW  
Port Charlotte, FL 33948

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A80 Historical Society and related historical  
activities

**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: <u>Vincent T. Ehman Jr.</u> President Address: <u>749 Merrick Lane NW</u> <u>Port Charlotte FL</u> <u>33948</u>	Name and Title: <u>Eugene Dole, Vice President</u> Address: <u>6057 Hooper Lane</u> <u>Englewood, FL</u> <u>34224</u>
Name and Title: <u>Michelle O'Connor</u> Secretary Address: <u>2118 Cedarwood St.</u> <u>Port Charlotte, FL</u> <u>33948</u>	Name and Title: <u>William Straus, Secretary</u> Address: <u>749 Merrick Lane NW</u> <u>Port Charlotte, FL</u> <u>33948</u>
Name and Title: <u>Linda Elligott</u> Board Member Address: <u>4774 Flamish Ave.</u> <u>North Port, FL</u> <u>34287</u>	Name and Title: <u>Jean SanLevin Board Member</u> Address: <u>6075 Merrill St.</u> <u>North Port, FL</u> <u>34287</u>

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: Vincent T. Ehmann Jr.  
Address: 749 Merrick Lane NW  
Port Charlotte, FL 33948

**ARTICLE VII INCORPORATOR**

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

Name: William F. Straus  
Address: 749 Merrick Lane NW  
Port Charlotte, FL 33948

**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*

Vincent T. Ehmann Jr.  
Required Signature of Registered Agent

January 23, 2019  
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.*

William F. Straus  
Required Signature of Incorporator

Jan 23 2019  
Date