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MAY 02 2019

COVER LETTER

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

FILED
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DIVISION OF CORPORATIONS
19 APR 23 PM 3:15

SUBJECT: St. Augustine Deaf Club, 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: Donna Drake
Name (Printed or typed)
1359 Prince Road
Address
St. Augustine, FL 32086
City, State & Zip
904/201-4744
Daytime Telephone number

donnadrake45@gmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: St. Augustine Deaf Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1359 Prince Road, St. Augustine, FL 32086

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the maintenance of a social club for the social enjoyment,
entertainment, amusement, education, and association of its members.

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CLERK OF STATE
DIVISION OF CORPORATIONS

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

Annual Membership Meeting in January.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara Coulston, President

Name and Title: Donna Drake, Treasurer

Address: 3520 Usina Road
St. Augustine, FL 32084

Address: 1359 Prince Road
St. Augustine, FL 3206

Name and Title: Edward Reitz, Vice President

Name and Title: _____

Address: 130 Old Town Parkway #2108
St. Augustine, FL 32084

Address: _____

Name and Title: Donna Drake, Temporary Secretary

Name and Title: _____

Address: 1359 Prince Road
St. Augustine, FL 32086

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATIONS
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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Donna Drake, Treasurer
Address: 1359 Prince Road
St. Augustine, Fl 32086

ARTICLE VII INCORPORATOR

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

Name: Donna Drake, Treasurer
Address: 1359 Prince Road
St. Augustine, Fl 32086

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

Donna Drake
Required Signature of Registered Agent

April 22, 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.

Donna Drake
Required Signature of Incorporator

April 22, 2019
Date