

N19000004705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

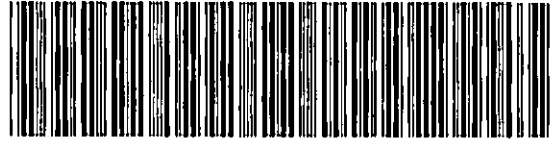
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 29 PM 1:04

COVER LETTER

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

SUBJECT: CERT of Indian River County, 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: Jeremiah P, Casey

Name (Printed or typed)

4795 Green Island Place

Address

Vero Beach, Florida 32967

City, State & Zip

630-235-1375

Daytime Telephone number

jerry_casey@comcast.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

CERT of Indian River County, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4225 43rd Avenue

Vero Beach, Florida 32967

Mailing address, if different is: _____

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DIVISION OF CORPORATIONS
19 APR 29 PM 1:06

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CERT's mission is to promote and increase personal and community

emergency readiness and disaster preparedness within Indian River County Florida Neighborhoods in order to improve resilience to likely hazards

and speed recovery from disasters. This corporation is organized and operated exclusively for charitable and educational purposes within the meaning

of 501(c)(3) of the Internal Revenue Code.

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: Carmen R Miranda, Director

Address: 6480 Oak Manor

Vero Beach, FL 32967

Name and Title: Marion Metakes, Director

Address: 3135 West Brookfield Way

Vero Beach Florida, 32966

Name and Title: Jeremiah P Casey, Director

Address: 4795 Green Island Place

Vero Beach, FL 32967

Name and Title: Philip Mollica, Director

Address: 5539 53rd Avenue

Vero Beach, FL 32967

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 29 PM 1:04

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: Scott E. Davis

Address: 6402 55th Square

Vero Beach, FL 32967

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeremiah P Casey

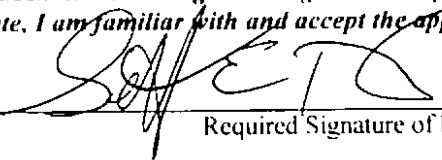
Address: 4795 Green Island Place

Vero Beach, FL 32967

ARTICLE VIII Additional Provisions

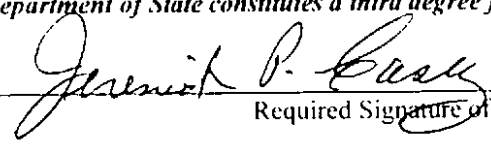
Upon the dissolution of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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

4/18/19
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

4/18/19
Date

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