

N19000 005 121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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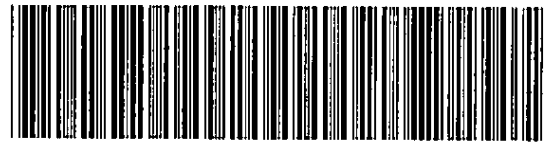
(Business Entity Name)

(Document Number)

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MAY 17 2019

COVER LETTER

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

SUBJECT: USS LAWRENCE ASSOCIATION, 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: CRAIG T BERNAT

Name (Printed or typed)

11392 GLENLAUREL OAKS CIRCLE

Address

JACKSONVILLE, FL 32257

City, State & Zip

814-242-2304

Daytime Telephone number

dguts@usslawrence.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: USS LAWRENCE ASSOCIATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
11392 GLENLAUREL OAKS CIRCLE
JACKSONVILLE, FL 32257

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 1. Promote and unite all former and future crewmembers who served aboard
past and future ships of the US Navy named USS Lawrence after Capt James Lawrence. 2. To preserve the history and crew
memories of all ships named USS Lawrence. 3. To assist the Jacksonville Historic Naval Ship Association (JHNSA) in the
preservation of all artifacts from Adams Class Guided Missile Destroyers (DDG's) and USS Lawrence DDG-4 and to assist in the
creation and ongoing maintenance of the Adams Class Museum and Memorial honoring all those who served on the Adams
Class ships. 4. If the association is dissolved, all funds will be given to the Jacksonville Historic Naval Ship Association or
another museum ship non-profit that our members vote on.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed & 4 yr elec

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig T Bernat, President

Address: 11392 Glenlaurel Oaks Circle
Jacksonville, FL 32257

Name and Title: Craig T Bernat, Treasurer

Address: 11392 Glenlaurel Oaks Circle
Jacksonville, FL 32257

Name and Title: Stephen A Ritchey, Vice President

Address: 1508 Impala Drive
Crowley, TX 73036

Name and Title: Brian Woods, Secretary

Address: 552 N 100 Street
Keyesport, IL 62253

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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JACKSONVILLE, FL
CLERK OF DISTRICT COURT

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: Craig T Bernat

Address: 11392 Glenlaurel Oaks Circle

Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

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

Name: Craig T Bernat

Address: 11392 Glenlaurel Oaks Circle

Jacksonville, FL 32257

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

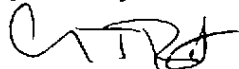


Required Signature of Registered Agent

May 6, 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.



Required Signature of Incorporator

May 6, 2019

Date

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JACKSONVILLE, FLORIDA