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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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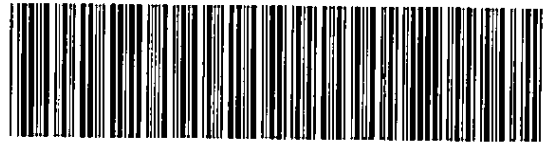
(Business Entity Name)

(Document Number)

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19 MAY - 8 PM 6: 59  
TALLAHASSEE, FLORIDA

D O'KEEFE  
MAY 17 2019

# COVER LETTER

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

**SUBJECT:** Central Florida Archers 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:** Henry E Pierce  
\_\_\_\_\_  
Name (Printed or typed)

302 Keystone Road  
\_\_\_\_\_  
Address

Auburndale, Fl 33823  
\_\_\_\_\_  
City, State & Zip

863-581-1232  
\_\_\_\_\_  
Daytime Telephone number

hep01@verizon.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: Central Florida Archers Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5990 Highway 17 (no mail)

Fort Meade, Fl 33841

Mailing address, if different is:

302 Keystone Road

Auburndale, Fl. 33823

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To expand, perpetuate, and promote the interest in the sport of competitive field, target, and 3D archery and the spirit of good fellowship among all archers; to introduce youth to a disciplined sport teaching sportsmanship while enhancing their physical abilities, and advocating the sport of ethical hunting; to cooperate with the National Field Archery Association (NFAA), the Florida Archery Association (FAA) and the Archery Shooters Association (ASA) in promotion of tournaments pertaining to each; to cooperate with the Florida Wildlife Conservation Commission to promote Hunter Safety and ethical hunting habits; to provide the opportunity for young and old to come together so they may enjoy and understand the sport of archery.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: membership vote

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Thomas Mark Bianchi President

Address: 2617 SHADYWOOD PLACE  
Lakeland, Florida 33810

Name and Title: John William Perdue Jr. Vice-pres

Address: 8981 ABC Road  
PO BOX 41  
Alturas, Fl 33820

Name and Title: Henry Edward Pierce Treasurer

Address: 302 Keystone Road  
Auburndale, Florida 33823

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
19 MAY -8 PM 6:59  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF POLK, FLORIDA

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: Henry E Pierce

Address: 302 Keystone Road

Auburndale, Fl 33823

**ARTICLE VII INCORPORATOR**

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

Name: Henry E Pierce

Address: 302 Keystone Road

Auburndale, Fl 33823

19 MAY -8 PM 6:59  
MAY 6 2019

**ARTICLE VIII EFFECTIVE DATE:** May 6, 2019

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*

*Henry E Pierce*

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.*

*H E Pierce*

Required Signature of Incorporator

May 6, 2019

Date