

N19000005402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

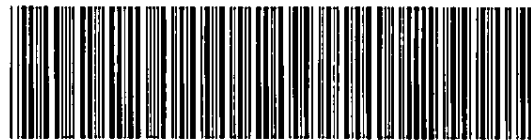
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600329209146

05/13/19--01034--008 **78.75

19 MAY 13 PM 1:38
TALLAHASSEE, FLORIDA

D. O'KEEFE
MAY 22 2019

COVER LETTER

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

SUBJECT: KNIGHTS OF COLUMBUS BLESSED TRINITY COUNCIL #17182 CORP.
(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: Michael E. Himmelberg
Name (Printed or typed)

3721 Quinby Island Ct
Address

Jacksonville, FL 32224
City, State & Zip

904.616.2239
Daytime Telephone number

Papahb45@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 KNIGHTS OF COLUMBUS BLESSED TRINITY COUNCIL #17182 CORP.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3721 Quinby Island Ct

Jacksonville, FL 32224

Mailing address, if different is:
3721 Quinby Island Ct

Jacksonville, FL 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
THE KNIGHTS OF COLUMBUS IS A CATHOLIC MENS FRATERNAL ORGANIZATION THAT SERVES THE
RELIGIOUS AND FINANCIAL NEEDS OF ITS MEMBERS INVOLVING CHARITY, CHURCH AND FAMILY.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gene Magat, Grand Knight

Address: President

P.O. Box 5424

Jacksonville, FL 32245

Name and Title: Theodore Dekonick

Address: Financial Secretary

2412 Minford Place

Jacksonville, FL 32246

Name and Title: Michael E. Himmelberg

Address: Treasurer

3721 Quinby Island Ct

Jacksonville, FL 32224

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19 MAY 13 PM 1:38

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: Michael E. Himmelberg
Address: 3721 Quinby Island Ct
Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

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

Name: Michael E. Himmelberg
Address: 3721 Quinby Island Ct
Jacksonville, FL 32224

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 1, 2019 (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 9, 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 9, 2019

Date

19 MAY 13 PM 1:38
JACKSONVILLE, FL
STATE OF FLORIDA
DEPARTMENT OF STATE