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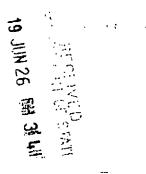
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Susmess Littly Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	

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COVER LETTER

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

SUBJECT: SILVET Star Lodge # (PROPOSED CORPORATE NAME)

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: Kenyorta Brown
Name (Printed or typed)

122 South Daval Street

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: 5 IVET STAT LC	odge 6/inc.
ARTICLE II PRINCIPAL OFFICE	J
Principal street address: 122 South Dewal Street	P.O. Box 2-71
Quincy, FL, 32351	Quircy F4 32353
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Enthance PIOVIDING COMMUNITY Service WATER COUNTILE.	the Community through thin Gadsdan, Lean and supriounding
are elected annually through majority	the directors are elected and appointed: Office is
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Worshipful Moster charles Rown Name and Address Address Quiry: Florida, 30351	000 or 511
Name and Title: Parlan Gum/Senior Marden Name are Address Address Quinty FL 3235	
Name and Title: Dallas, Athandson, Sunbr Will Name and Address Address Quinty, Florida 33351	

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	· · · · · · · · · · · · · · · · · · ·
ARTICLE VI <u>REGISTERED AGE</u>	NT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: Kenyotta	Brown	
Address: 716 3rd	Street	
Qulryyt	-lor/da, 32351	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the incorpora	itor is:	
Name: Kenyoka	Strock	
Address: 116 5xa	51198	
· Chinapt	Florida 35351	$p = -(\lambda_{s} \wedge x)^{\frac{1}{2}}$
ARTICLE VIII EFFECTIVE DATE	E: filing:	
(If an effective date is listed, the date	e 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	e will not be listed as the
document's effective date on the Depa	funcil of State S records.	
Having been named as registered ag-	ent to accept service of process for the above stated corporation a ept the appointment as registered agent and agree to act in this capa	t the place designated in this neity
may be attended	6012	06/19
Required S	ignature of Registered Agent	Date
I submit this document and affirm the	nt the facts stated herein are true. I am aware that any false informa A third degree felony as provided for in s.817.155, F.S.	ution submitted in a document
Ministr Brown	Le .	126/19
Requi	red Signature of Incorporator	/ l/ate