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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2019

JARED ROBERTS 22404 NE SR 20 HOSFORD, FL 32334

SUBJECT: LIBERTY COUNTY ANGLERS, INC.

Ref. Number: W19000081683

We have received your document for LIBERTY COUNTY ANGLERS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 119A00018473

Marti Simmons Regulatory Specialist II

www.sunbiz.org



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

SUBJECT:	Liberty Co	unty Anglers, Inc.		
		(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is a □ \$7		nd one (1) copy of the Ar	ticles of Incorporation and	a check for:
Filing	, Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee. Certified Copy & Certificate
			ADDITIONAL COPY REQUIR	

FROM:	Jared Roberts					
	Name (Printed or typed)					
	22404 NE SR 20					
	Address					
	Hosford, FL 32334					
	City, State & Zip					
	850-545-1419					
	Daytime Telephone number					
	Libertycountyanglers@gmail.com					
r.	-mail address: Ito be used for future annual report notification					

NOTE: Please provide the original and one copy of the articles.

## COVER LETTER

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

BJECT: PROPOSED CORPORATE NAME - MUST INCLUDE SUFF			
Hosed is an original a	ind one (1) copy of the Ar	ticles of Incorporation and	
☐ \$70.00	S78.75	<b>□</b> \$78.75	<b>Ճ</b> \$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
	Certificate of	& Certified Copy	Certified Copy
	Status	ct comme copy	& Certificate

FROM:	Jared Roberts					
110111	Name (Printed or typed)					
	22404 NE SR 20					
	Address					
	Hosford, FL 32334					
	City. State & Zip					
	850-545-1419					
	Daytime Telephone number					
	Libertycountyanglers@gmail.com					
1	i-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 The name of the	<u>NAME</u> corporation shall be:	Liberty County Angle	rs, Inc.			
	PRINCIPAL OFFI					
22404	Principal <u>street</u> add NE SR 20	ress:	22	Mailing addre	ess, if different is:	
Hosfor	d, FL 32334		H	osford, FL 32334		
techniques. This	which the corporations club will cooperate with	other local, state, and	f national fishing org	ucation to youth by teac	ood citizenship and pers	sonal o
	o teach the youth about community and youth.	conservation fundame	ntals associated wi	th bass fishing. This is a	501 C3 corporation that	Will pa
ARTICLE IV	WANNED AR FILE					
Bylaws  ARTICLE V	INITIAL OFFICER		<del>-</del> .,	rectors are elected and	аррошеси.	-
Name and Title		President		Stephenie Roberts	Treasurer	
Address	22404 NE SR 20		Address:	22404 NE SR 20	· · · · · · · · · · · · · · · · · · ·	
	Hosford, FL 32334		<del></del>	Hosford, FL 32334		
Name and Title:	Ryan Faircloth	Vice-President	Name and Title	e:_April Faircloth	Secretary	
Address	12600 NW Freeman Ri	d	Address:	12600 NW Freeman F	Rd.	
	Bristol, FL 32321		- <b>-</b>	Bristol, FL 32321		
Name and Title:	Bruce Burns	Director	— Name and Title	e- Dana Burns	Co - Secretary	
Address	13596 Joe Chason Cir.		Address:	13596 Joe Chason Cir	ī. 	
	Bristol, FL 32321		_	Bristol, FL 32321		
			_			

Name and Pitte.	Josh Potter	Director	Name and T	itle: Melissa Potter	Co - Treasurer
Aderre is	21888 NE Chester S	l. 	Address.	21888 NE Chester St.	
	Hosford, FL 32334	·-·-		Hosford, FL 32334	
				<del></del> ·	
ame and Fale			Name and T	tle:	
ddress		·	Address.		
		·-··-·			
	<del></del>				
	REGISTERED A		. 12		į
	Horida street addre Melissa Potter	88 (1/1) - 100X - NOT	acceptable) of the r	ogistered agent is:	
Name:	21888 NE Ches	tor Ct	<del></del>		
Address	<del></del>		· · · · · · · · · · · · · · · · · · ·		
	Hosford, FL 323	<del></del>	<u>_</u>		
he <u>name and a</u> Name	Jared Roberts	orator 48.			
Address.	22404 NE SR 20	)			
	Hosford, FL 323	34			
RTICLE VIII	EFFECTIVE DA	( <i>TE:</i>			
	fother than the date		ic and cannot be r	(OPTIONAL) nore than five days pric	or or 90 days after the
		are must be speen	ic nav cannot ne i	chair tive day, prio	To so days after the
				ory filing requirements, t	his date will not be liste
	etive date on the De				
				for the above stated corp agent and agree to act in	
	elina 4	O LER			2/22/19
	Requ Melissa Pot	ired Signature of:Re	gistered Agent	<del></del>	Date
	document and affin	ni that the flicts sta		Lam aware;that any fals for in s.817:155; F.S:	e information submitted
	1	2 1 1	Same Brokenen		8/22/40
		Required Signature	of:Incorporator		8/23/19 Date
	Jared Robe	erts	-		·