

019000010252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

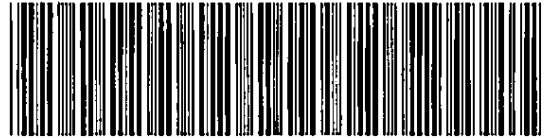
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

SEP 27 2019

T. SCOTT



300334304943

09/16/19--01099--019 **72.75

2019 SEP 16 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Cypress Hut 70E 4509 Auxiliary, 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: VALERIE K. WHIDDEN
Name (Printed or typed)

9441 Hwy 78W #46
Address

OKeechobee FL 34974
City, State & Zip

361-516-1665
Daytime Telephone number

VALERIEWHIDDEN@yahoo.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: Cypress Hut FOF 4509 Auxiliary, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4701-A Hwy 441 SE
Okeechobee, FL 34974

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To raise money for the
Fraternal Order of Eagles Charities.

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

Election by Membership

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa R. Riley Pres. Name and Title: Kathy Jarrell Treas.

Address: 1118 Hwy 441 SE #3 Address: 7741 Hwy 78 W
Okeechobee, FL 34974 Okeechobee, FL 34974

Name and Title: Samantha Tolliver V-Pres Name and Title:

Address: 2813 SE 35th Ave Address:
Okeechobee, FL 34974

Name and Title: Valerie K Whitten Secy Name and Title:

Address: 9441 Hwy 78 W #46 Address:
Okeechobee, FL 34974

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2018 SEP 16 PM 12:00

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: Valerie K Whitten

Address: 9441 Hwy 28 W #46
Okeechobee, FL 34974

ARTICLE VII INCORPORATOR

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

Name: Lisa R Riley

Address: 1118 Hwy 441 SE #3
Okeechobee, FL 34974

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

Valerie K Whitten

Date

9/11/2019

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

Lisa R. Riley

Date

9/11/2019