

N19000010930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

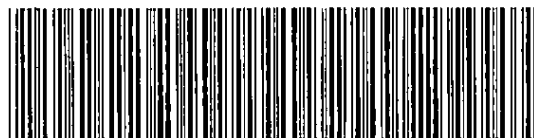
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 16 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 17 2019

Grumpley

COVER LETTER

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

SUBJECT: Dalton Beitel Memorial Scholarship Fund, 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: Geoffrey D. Smith

Name (Printed or typed)

709 S. Harbor City Blvd., Ste 540

Address

Melbourne, FL 32901

City, State & Zip

321-676-5555

Daytime Telephone number

tufi340@cfl.rr.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: Dalton Beitel Memorial Scholarship Fund, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
840 Margie Drive

Titusville, FL 32780

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate and administer a not-for-profit scholarship fund in memory of
Dalton Beitel.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Per By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Beitel, Charles L. III</u>	<u>P, D</u>	Name and Title:	<u>Beitel, Bridgett</u>	<u>VP, D</u>
Address	<u>840 Margie Drive</u>		Address:	<u>840 Margie Drive</u>	
	<u>Titusville, FL 32780</u>			<u>Titusville, FL 32780</u>	
Name and Title:	<u>Beitel, Dylan</u>	<u>D</u>	Name and Title:		
Address	<u>840 Margie Drive</u>		Address:		
	<u>Titusville, FL 32780</u>				
Name and Title:			Name and Title:		
Address			Address:		

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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: Smith & Associates
Address: 709 S Harbor City Blvd Ste 540
Melbourne, FL 32901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Geoffrey D. Smith
Address: 709 S Harbor City Blvd Ste 540
Melbourne, FL 32901

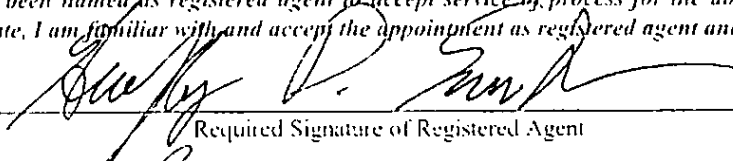
ARTICLE VIII EFFECTIVE DATE:

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.)

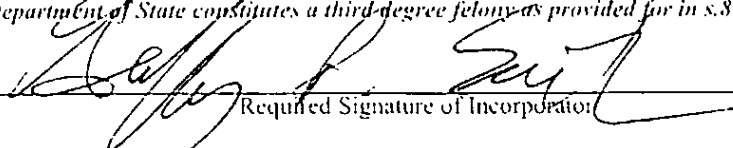
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/16/2019
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

10/16/2019
Date