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COVER LETTER.

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

SUBJECT: BEA	ICHES PHOTOGA	APHY CLUB 3	ENC.
	(PROPOSED CORPO	RATE NAME - MUST INC	LUDE SUFFIX)
Enclosed is an original ar	nd one (1) copy of the Artic	les of Incorporation and	a check for :
570.00	⊠ \$78.75	□\$78.7 5	□ \$87.50
Filing Fee	Filing Fee &	_	Filing Fee,
	Certificate of	& Certified Copy	Certified Copy & Certificate
	Status		& Ceruncate
		ADDITIONAL CO	PY REQUIRED
FROM:	JERRY V	EAL	
PROM:	Name	(Printed or typed)	-
		•	
	3709 UDL	VERDE CIRCLE	8
		Address	
	Tacksonville	EL 32224	
	Ci	FL 32224 ry, State & Zip	-
	914-262-	9017	
	904-253- Daytim	e Telephone number	-

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

JERRY, R. VEOL C GMO-L. 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 NAM The name of the corpo	IE BEACHES Tration shall be: BEACHES	PHOTOGR	APHT CLU	B INC			
ARTICLE II PRI	NCIPAL OFFICE						
Prin	ncipal <u>street</u> address:		Mailing add	tress, if different is	:		
376	9 VOLVERDE CIRCLE		PO BOX 50541				
	SONVIlle, FL 3004		POCKSON V. /	le BEACH, 1	-L 3224	0	
ARTICLE III PU	RPOSE h the corporation is organized is:					<u> </u>	
THE	PURPOSE OF THE	BEACHES 1	HOTU GRAPH	y club #	mc. SHO	111 be	
	JUYMENT OF PUTOGED						
	PHUTUGRAPHY SKILL BY				•		
	- DLY ENVIRONMENT.					**	
	HTU GRAPHIC Outings				-		
•	ie skils.		H. MAC BI	r priignii i	10 TIP PIZE	<u>/</u>	
	NNER OF ELECTION The mann		ctors are elected an	ed appointed:		_	
VE	PINON IN DIVERS		 	, . .			
ARTICLE V INTI	TAL OFFICERS AND/OR DIRECT	roks					
Name and Title: J	FRRY VEOL - PRES	Name and Title:	Bill A cSH	62.24 - V	P		
	709 VALVERDE cick			•			
	cicsonville, for 32224						
_754	,1= 3000.11= , 10 300.7		Jeci- John,	1) ALLA P	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	2 PIÈRCE - TREAS			coll -	 56CRY		
	141 morsh view Dr.		_				
				BERNH, FL			
	cicsorville FL 312 TO	_	Blown	Deptit, PC	32255		
			· 				
		_ Name and Title:			 =		
Address		Address:	· 			2020	
					<u>================================</u>		
		_		<u>,</u>		;:- <u> .</u> 2020 FEB D	
					: .	- :	
			•		=		

Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:
	
	GISTERED AGENT In street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	GORY W.LEE, PA
Address:	440 OSCEULA AVERIC
	TUCK Surville BEACH, FL 32250
ARTICLE VII II	CORPORATOR sss of the Incurporator is:
Name:	FRED ORTYL
Address:	9121 Roseworen Lone
	TACK GON U: HC, EL 31186
ARTICLE VIII E	FECTIVE DATE:
(If an effective date	er than the date of filing: (OPTIONAL) is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)
	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
	as registered agent to accept service of process for the above stated corporation at the place designated in this liar with and accept the appointment as registered agent and agree to act in this capacity
	Required Signature of Registered Agent Date
I submit this docum the Department of S	nt and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to tate constitutes a third degree felony as provided for in \$817.155, F.S.
-	Fred Octob 2/5/20
	Required Signature of Incorporator Date

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