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COVER LETTER:

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

SUBJECT:	
	(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:	Charles W. O'Neal	
TROM.	Name (Printed or typed)	ئىر.
	1105 East Concord Street	اعق سے حد
	Address	32 12 10 10 10 10 10 10 10 10 10 10 10 10 10
	Orlando, FL 32803	Š
	City, State & Zip	
	407-399-3228	
	Daytime Telephone number	
,	ChuckforFlorida@gmail.com	

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE I</u>	I PRINCIPAL OFFICE					_
	Principal <u>street</u> address: D5 East Concord Street, Orlando, FL 32803	Sair	Mailing address, if diffe	erent is:		
ARTICLE I	II PURPOSE for which the corporation is organized is: Telephone T	o advance, protect	and preserve the Rights of Nati	ure and		
				A S	2020	
ARTICLE I		ner in which the di	rectors are elected and appointed	Perbylaw	R 24	
	<u> </u>	TORS		- 7	AH IC	ED
Name and T			e: Mary Gutierrez, Treasurer, D	irector	AM 10: 31	
Name and T	itle: Charles W. O'Neal, President, Director 1105 East Concord Street	Name and Titl	Mary Gutierrez, Treasurer, Det 1105 East Concord Street	irector		ΞD
	Charles W. O'Neal, President, Director		e:	irector		ED.
Address	Charles W. O'Neal, President, Director 1105 East Concord Street Orlando, FL 32803	Name and Titl Address:	Orlando, FL 32803	irector		
Address Name and T	itle: Charles W. O'Neal, President, Director 1105 East Concord Street	Name and Titl Address: Name and Titl	Orlando, FL 32803	irector		
Address	Charles W. O'Neal, President, Director 1105 East Concord Street Orlando, FL 32803 itle: Jane Goddard, Secretary, Director	Name and Titl Address:	Orlando, FL 32803 Barbara Cady, Director	irector		
Address Name and T Address	Charles W. O'Neal, President, Director 1105 East Concord Street Orlando, FL 32803 itle: Jane Goddard, Secretary, Director 1105 East Concord Street Orlando, FL 32803	Name and Titl Address: Name and Titl Address: Address:	Orlando, FL 32803 Barbara Cady, Director 1105 East Concord Street Orlando, FL 32803	irector		
Address Name and T Address	Charles W. O'Neal, President, Director 1105 East Concord Street Orlando, FL 32803 itle: Jane Goddard, Secretary, Director 1105 East Concord Street	Name and Titl Address: Name and Titl	Orlando, FL 32803 Barbara Cady, Director 1105 East Concord Street Orlando, FL 32803	irector		

Name and T	David W. Moritz, Director	Name and Title:	
Address	1105 East Concord Street	A.J.J.,	
	Orlando, FL 32803		
			
Name and T	itle:	Name and Title:	
Address		Address:	
ARTICLE	T REGISTERED AGENT		
The <u>name ar</u>	nd Florida street address (P.O. Box NO	T acceptable) of the registered agent is	S:
Name:	Charles W. O'Neal		
Address:	1105 East Concord Street		
	Orlando, FL 32803		
	II INCORPORATOR and address of the Incorporator is: Charles W. O'Neal		
Name:	1105 East Concord Street	<u></u>	
Address:			
	Orlando, FL 32803	· · · · · · · · · · · · · · · · · · ·	
	THE EFFECTIVE DATE: 3/8/20	20	
(If an effecti	e, if other than the date of filing: $\frac{376720}{1}$ ive date is listed, the date must be spe	(OPTIO	ONAL) days prior or 90 days after the filing.)
Note: If the document's o	date inserted in this block does not mee effective date on the Department of Stat	t the applicable statutory filing requie's records.	rements, this date will not be listed as the
Having been certificate, I	am familiar with and accept the appoint	ervice of process for the above state ment as registered agent and agree to	ed corporation at the place designated in this act in this capacity
	- MN Dluck		3/8/2020
	Required Signature of Reg	istered Agent	Date
I submit this the Departm	document and affirm that the facts state ent of State constitutes a third degree fel	d herein are true. I am aware that an ony as provided for in s.817.155, F.S.	y false information submitted in a document to
	Town N. Dhas 1	1_	3/4/2020
	Required Signature o	f Incorporator	Date