

N 20000005786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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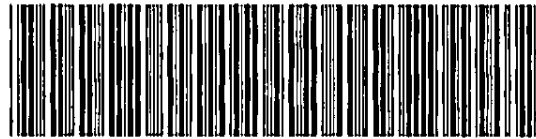
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** VFW Auxiliary 10148 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:** Suzanne M Reott  
\_\_\_\_\_  
Name (Printed or typed)

150 Minuteman Causeway  
\_\_\_\_\_  
Address

Cocoa Beach, FL 32931  
\_\_\_\_\_  
City, State & Zip

912-673-7654  
\_\_\_\_\_  
Daytime Telephone number

auxiliary@vfw10148.org  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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**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: VFW Auxiliary 10148 Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
150 Minutemen Causeway

Cocoa Beach, FL 32931

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To serve and support United States military veterans and their families, local youth, and the community.

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

As Provided For In The By Laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: President

Address: Suzanne M Reott

150 Minutemen Causeway

Cocoa Beach, FL 32931

Name and Title: Vice President

Address: Matt Melton

150 Minutemen Causeway

Cocoa Beach, FL 32931

Name and Title: Treasurer

Address: Carol Bucks

150 Minutemen Causeway

Cocoa Beach, FL 32931

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FL

FILED

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: Suzanne M Reott \_\_\_\_\_

Address: 150 Minutemen Causeway \_\_\_\_\_

Cocoa Beach, FL 32931 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carol Bucks \_\_\_\_\_

Address: 150 Minutemen Causeway \_\_\_\_\_

Cocoa Beach, FL 32931 \_\_\_\_\_

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TALLAHASSEE, FL


**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.)

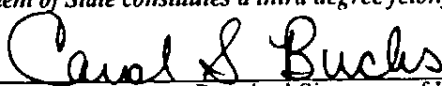
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

05/20/2020  
\_\_\_\_\_  
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

05/20/2020  
\_\_\_\_\_  
Date