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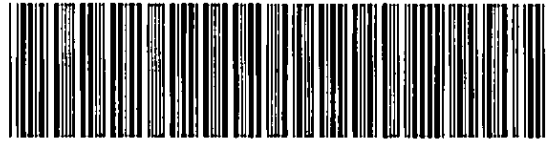
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COVER LETTER

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

SUBJECT: Franklin Community Emergency Response Team, 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: Pamella Brownell

Name (Printed or typed)

28 Airport Road

Address

Apalachicola, FL 32320

City, State & Zip

850 653-8977

Daytime Telephone number

cm1frank@fairpoint.net

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: Franklin Community Emergency Response Team, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
28 Airport road

Apalachicola

FL 32320

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Supplies volunteer emergency support to Franklin County Emergency
Management and other county agencies. Service includes but it not limited to wide area search and rescue, staffing emergency
functions following a disaster, distribution of emergency resources to the public, removal of downed trees, staffing the Emergency
Operations Center during a disaster, and public education in emergency preparedness. Service is based on the Federal Emergency
Management Administration (FEMA) curriculum for Community Emergency Response Teams.

Directors are appointed based on their employed and volunteer roles in Franklin County Emergency Management.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: DIRECTORS ARE
APPOINTED OR ELECTED AS DESCRIBED IN THE ARTICLES OF INCORPORATION.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pamella Brownell, Director

Address: 28 Airport Rd.

Apalachicola, FL 32320

Name and Title: _____

Address: _____

Name and Title: Jennifer Daniels, Coordinator

Address: 28 Airport Rd.

Apalachicola, FL 32320

Name and Title: _____

Address: _____

Name and Title: Timothy Keith-Lucas, Volunteer

Address: Operations Chief

28 Airport Rd.

Apalachicola, FL 32320

Name and Title: _____

Address: _____

2014-15 AM 11:43

FILED
CLERK OF COURT
FRANKLIN COUNTY
FLORIDA

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: Pamella Brownell

Address: 28 Airport Rd.

Apalachicola, FL 32320

ARTICLE VII INCORPORATOR

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

Name: Pamella Brownell

Address: 28 Airport Rd.

Apalachicola, FL 32320

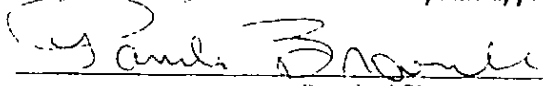
ARTICLE VIII EFFECTIVE DATE:

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

6/2/2020

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

6/2/2020

Date