

N200000010817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

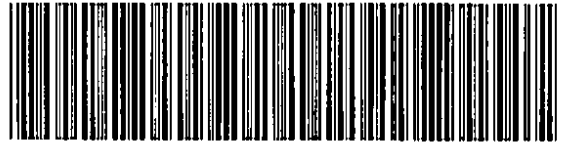
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP -2 PM 2:37
STATE
COURT

COVER LETTER

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

SUBJECT: Friends of Cuscowilla, 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: Gina Peebles

Name (Printed or typed)

12 SE 1 St

Address

Gainesville, FL 32601

City, State & Zip

352-538-8265

Daytime Telephone number

gpeebles@alachuacounty.us

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Friends of Cuscowilla, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
210 SE 134 Ave, Micanopy, FL 32667

Mailing address, if different is:
County Manager's Office

Attn: Gina Peebles

12 SE 1 St., Gainesville, FL 32601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is a Florida not for profit corporation committed to providing and maintaining the natural, recreational, educational and cultural facilities and programs that make Cuscowilla an Alachua County resource. The Corporation's goal is to fund and sustain the projects and programs of Cuscowilla as approved by the Alachua County Board of County Commissioners, for the benefit of its users and the general public.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leslie Straub, President/Treasurer

Address: 3400 SE 15 Street
Gainesville, FL 32641

Name and Title: Bruce Blackwell, Director

Address: 5000 SW 25 Blvd, Apt. 2124
Gainesville, FL 32608

Name and Title: Cynthia Holland, Vice-President

Address: 9718 SW 44 Ter
Gainesville, FL 32608

Name and Title: Deidre Houchen, Director

Address: 4311 NW 12 Pl
Gainesville, FL 32605

Name and Title: Joni Ellis, Secretary

Address: 2205 SE 23 Pl
Gainesville, FL 32641

Name and Title: Christopher Stokes, Director

Address: 355 NW 6 Ave.
Micanopy, FL 32667

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Name and Title: Jim McFarlane Name and Title: _____
 Address: 1204 NW 18 Ave. Address: _____
Gainesville, FL 32609 _____

 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: Gina Peebles
 Address: 12 SE 1 St
Gainesville, FL 32601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leslie Straub
 Address: 3400 SE 15 Street
Gainesville, FL 32641


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.)

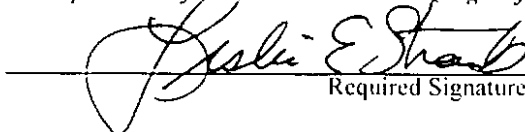
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/25/20
 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

8/25/20
 Date

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STATE OF FLORIDA