

N2 0000010849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

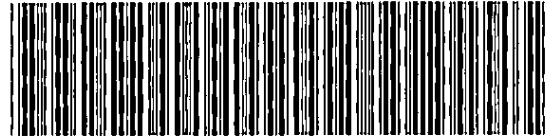
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SEP 30 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FL
2020 SEP 30 PM 12:15

N. CULLIGAN

SEP 30 2020

COVER LETTER

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

SUBJECT: 1st Kings Cycling Club 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: Waymond Pugh
Name (Printed or typed)

2400 Barcelona Ct Apt B.
Address

Tallahassee FL 32311
City, State & Zip

850-241-8915
Daytime Telephone number

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

1st Kings Cycling Club Inc. 2570 SEP 30 PM 12:15

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2400 Barcelona Ct.

Mailing address, if different is:

Same.

Apt. B. Tallahassee

FL. 32311

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Cycling Club that ride for a purpose for a event that help kids and adults that Battling with Cancer, and help with Awareness groups, to raise money for a Charity to help towards there expense and Any other help that is needed from the Club.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As stated in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Waymond Pugh (CEO)

Address:

2400 Barcelona Ct Apt B.
Tallahassee FL 32311

Name and Title:

Charlotte H. Pugh Treasurer

Address:

2400 Barcelona Ct Apt B.
Tallahassee FL 32311

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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: Waymond Pugh
Address: 2400 Barcelona Ct. Apt B.
Tallahassee FL 32311

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Waymond Pugh
Address: 2400 B. Barcelona Ct Apt B.
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

Waymond L. Pugh
Required Signature of Registered Agent

9-30-2020
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.

Waymond L. Pugh
Required Signature of Incorporator

9-30-2020
Date