

# N20000010984

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

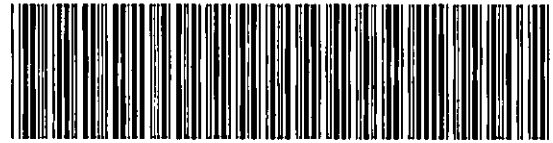
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SEP 15 2020

## COVER LETTER

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

**SUBJECT:** WEKIVA GEM & MINERAL SOCIETY 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:** VIVIAN W MARSHALL

\_\_\_\_\_  
Name (Printed or typed)

586 HONEYSUCKLE COURT

\_\_\_\_\_  
Address

APOPKA, FL 32712

\_\_\_\_\_  
City, State & Zip

407-408-0535

\_\_\_\_\_  
Daytime Telephone number

VMARSHALL12@GMAIL.COM

\_\_\_\_\_  
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: WEKIVA GEM & MINERAL SOCIETY INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
586 HONEYSUCKLE COURT  
APOPKA, FL 32712

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO EDUCATE IN THE COLLECTION OF GEMS/MINERALS: TEACH  
LAPIDARY, SILVERSMITHING & RELATED ARTS: CONDUCT FIELD TRIPS ON MINERAL COLLECTION &  
LAPIDARY: PROVIDE VENUE FOR PURCHASE & EXHIBITION OF GEMS/MINERAL SPECIMENS, ART OBJECTS  
& HANDCRAFTS

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

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

Name and Title: RICHARD A MARSHALL - PRES

Address: 586 HONEYSUCKLE COURT  
APOPKA, FL 32712

Name and Title: THOMAS D DOUGLAS, - VP

Address: 5520 CINDERLANE PKWY  
ORLANDO, FL 32808

Name and Title: ROBIN CARVAJAL - TREAS

Address: 1318 EASTIN AVENUE  
ORLANDO, FL 32804

Name and Title: VIVIAN W MARSHALL - SEC

Address: 586 HONEYSUCKLE COURT  
APOPKA, FL 32712

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

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

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

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

2020 SEP 15 PM 4:10

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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: VIVIAN W MARSHALL  
Address: 586 HONEYSUCKLE COURT  
APOPKA, FL 32712

**ARTICLE VII INCORPORATOR**

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

Name: VIVIAN W MARSHALL  
Address: 586 HONEYSUCKLE COURT  
APOPKA, FL 32712

**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*

Vivian W Marshall  
Required Signature of Registered Agent

9/10/2020  
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.*

Vivian W Marshall  
Required Signature of Incorporator

9/10/2020  
Date