

N200000013547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

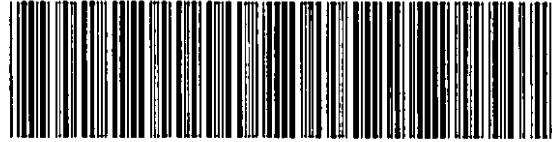
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100355673941

12/08/20--01010--003 **70.00

2020 DEC --8 PM 12:49

COVER LETTER

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

SUBJECT: Indian Branch Lodge 25 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:

Tony James
Name (Printed or typed)

2487 Tony Willis Lane
Address

Tallahassee, FL 32308
City, State & Zip

850-228-0670
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.

2020 DEC -8 PM 12:50

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

ARTICLE I NAME

The name of the corporation shall be: Indian Branch Lodge 25 Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2987 Tony Willis Lane
Tallahassee, Fla 32308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Render Burial Services to
members of the lodge

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

The president will elect the directors, bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Name and Title: _____

Address: Tony James Address: _____
2987 Tony Willis Lane
Tallahassee, Fla 32308

Name and Title: D. W. Williams Name and Title: _____
Vice President, Treasurer

Address: 2987 Tony Willis Lane Address: _____
Tallahassee, Fla 32308

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2028 Dec -3 PM 12:50

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: Tony James
Address: 2987 Tony Willis Lane
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

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

Name: Tony James
Address: 2987 Tony Willis Lane
Tallahassee, FL 32308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/01/2021 (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

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

Date

2021 Dec -8 PM 12:50