

N21000001740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

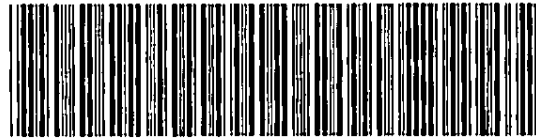
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500355863095

12/09/20--01009--008 \*\*70.00

21-FEB-15 4:11:25

JD

J DENNIS

FEB 16 2021

## COVER LETTER

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

**SUBJECT:** Wakulla County Fire Cadets, 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:** Allyson Roberts

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

318 Trice Lane

\_\_\_\_\_  
Address

Crawfordville, FL 32327

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

850-408-9732

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

aroberts@mywakulla.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: Wakulla County Fire Cadets, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
318 Trice Lane

Mailing address, if different is:

Crawfordville, FL 32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, religious, educational and scientific purposes under 501(c)(3) of the Internal Revenue Code (the "IRC"), or the corresponding section of any future federal tax code, including to educate youth through a program that encourages the development of future firefighters and emergency medical providers by providing purposeful training in fire, emergency medicine, and leadership development.

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

An annual election is held with a majority vote.

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

Name and Title: Allyson Roberts Treasurer

Address: 318 Trice Lane  
Crawfordville, FL 32327

Name and Title: Nathan Roberts President

Address: 318 Trice Lane  
Crawfordville, FL 32327

Name and Title: Andy Bowman Vice President

Address: 318 Trice Lane  
Crawfordville, FL 32327

Name and Title: PENDING Secretary

Address: 318 Trice Lane  
Crawfordville, FL 32327

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

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

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

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: Allyson Roberts

Address: 318 Trice Lane

Crawfordville, FL 32327

**ARTICLE VII INCORPORATOR**

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

Name: Allyson Roberts

Address: 318 Trice Lane

Crawfordville, FL 32327

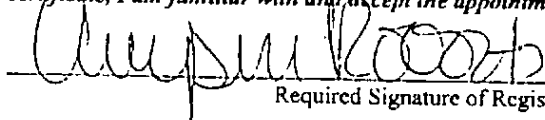
**ARTICLE VIII EFFECTIVE DATE:**

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.)

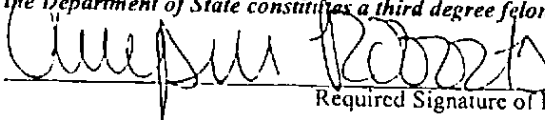
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2/15/2021  
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

2/15/2021  
Date