

NZ1000006061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

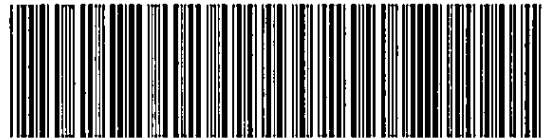
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. BURCH
MAY 21 2021

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

ARTICLE I NAME

The name of the corporation shall be: Fraternal Order of Eagles #489 Auxiliary Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5130 Ridgewood Ave.
Port Orange FL 32127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Raising money for charity

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Secret Ballot

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Betty Greer JRPM Name and Title: Judy Lawless Sec.

Address: 5427 Orange Ave Address: 1018 5th St.
Port Orange FL 32127 Port Orange FL
32129

Name and Title: ~~Denna Baker JRPM~~ Name and Title: Jo Smith, Treas.

Address: _____ Address: 157 Stratford Sq
Port Orange FL 32127

Name and Title: Wendy Evans V.P. Name and Title: _____

Address: 4819 Saxe Circle # Address: _____
New Smyrna Bch.
FL 32189

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C

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:

Betty Greer

Address:

5427 ORANGE AVE
PORT ORANGE, FL 32127

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

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

Name:

Betty Greer

Address:

5427 ORANGE AVE
PORT ORANGE, FL 32127

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

Betty Greer

Required Signature of Registered Agent

4-12-21

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.

Betty Greer

Required Signature of Incorporator

4-12-21

Date

COVER LETTER

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

SUBJECT: Fraternal Order of Eagles 4089 Auxiliary 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: Betty Greer
Name (Printed or typed)

5427 Orange Ave.
Address

Port Orange, FL 32127
City, State & Zip

386-341-4423
Daytime Telephone number

bgreer92@yahoo.com
E-mail address: (to be used for future annual report notification)

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