

W21000007194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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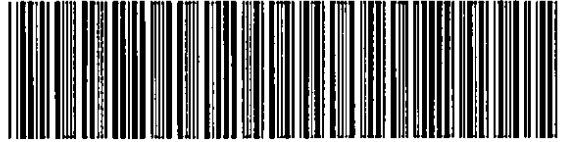
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL
STATE

W210000075386

COVER LETTER

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

SUBJECT: Fraternal Order of Eagles Brandon Auxiliary # 3566, 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: Lisa Marie Fleming
Name (Printed or typed)

1810 Front St.
Address

Valrico, FL 33594
City, State & Zip

(813) 685-4173
Daytime Telephone number

Moose081185@yahoo.com
E-mail address: (to be used for future annual report notification)

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STATE

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: FRATERNAL ORDER OF EAGLES BRANDON AUXILIARY #3566
IN

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1810 Front Street
VALRICO, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is 70

Non-Profit:

To make human life more desirable by lessening its
ills and by promoting peace, prosperity, Gladness
and hope

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By blind

balloting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Marie Fleming ^{Secretary} Name and Title: Nancy Hillgruber ^{President}

Address: 102 Oakhill Key Ct Address: 2714 Berryknoll Pl
VALRICO, FL 33594 VALRICO, FL 33596

Name and Title: Dorene Palmer ^{Treasurer} Name and Title: Judy Sheehan ^{Trustee}

Address: 2116 MIRAMONT CIR Address: 205 S. MT CARMEL RD.
VALRICO, FL 33594 BRANDON, FL 33511

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: Lisa Marie Fleming

Address: 102 Oakhill Key Ct.

Valrico, FL 33594

ARTICLE VII INCORPORATOR

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

Name: Fatheral Order of Eagles Ladies Auxiliary # 3566

Address: 1510 Front Street

Valrico, FL 33594

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

Lisa Fleming

Required Signature of Registered Agent

4/18/2021
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 §.817.155, F.S.

Carol M. Hall

Required Signature of Incorporator

4.18.2021
Date

STATE
DEPARTMENT OF
HALL COUNTY, FL

2021 JUN 14 PM 3:02

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