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K. SALY

MAR 15 2022

COVER LETTER

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

SUBJECT: CITRUS COUNTY SHERIFF'S OFFICE OLD GUARD
(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: PATRICK CRIPPEN

Name (Printed or typed)

4125 WEST FIRESIDE LANE

Address

CITRUS SPRINGS, FL. 34433

City, State & Zip

940-205-9056

Daytime Telephone number

PCRIPPEN8084@GMAIL.COM

E-mail address: (to be used for future annual report notification)

RECEIVED
FEB 28 2022

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: CITRUS COUNTY SHERIFF'S OFFICE OLD GUARD INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8560 EAST YELLOW LEG COURT
INVERNESS FL. 34450

Mailing address, if different is
4125 WEST FIRE SIDE LANE
CITRUS SPRINGS FL. 34433

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SHERIFF'S OFFICE
CITRUS COUNTY FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For all past (sworn and non sworn) Citrus County Office Employees.

The organization will promote past employee contacts while focusing on raising donations for State of Florida Law Enforcement officers and or their family in need of assistance.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Voted by the members of the organization

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Ward (President)

Address: 8560 East Yellow Leg Court
Inverness Fl. 34450

Name and Title: Patrick Crippen (Director)

Address: 4125 West Fire Side Lane
Citrus Springs Fl. 34433

Name and Title: Doug Young (Director)

Address: PO Box 399
Lecanto Fl. 34460

Name and Title: Luther Willis (Director)

Address: 9880 West Rockledge Court
Crystal River Fl. 34428

Name and Title: Robert (Bob) Cimigliaro (Director)

Address: 2128 West Aleuts Drive
Beverly Hills Fl. 34465

Name and Title: John Jerkins (Director)

Address: 5010 Waldo Road Lot 161
Gainesville Fl 32609

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: Patrick Crippen

Address: 4125 West Fire Side Lane

Citrus Spring Fl. 34433

ARTICLE VII INCORPORATOR

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

Name: Patrick Crippen

Address: 4125 West Fire Side Lane

Citrus Spring Fl. 34433

ARTICLE VIII EFFECTIVE DATE: 02/24/22

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

Patrick A. Crippen

02/24/22

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.

Patrick A. Crippen

02/24/22

Required Signature of Incorporator

Date

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA