

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAURA K. MUNSON, CPA
Account Number : I20190000060
Phone : (863)634-4631
Fax Number : (863)467-3002

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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Laura@simsmunsoncpa.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
OKEECHOBEE COUNTY FIRE RESCUE VOLUNTEERS, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

S. CHATHAM

MAR 17 2022

COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: OKEECHOBEE COUNTY FIRE RESCUE VOLUNTEERS, 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: Laura Munson

Name (Printed or typed)

319 N. Parrott Ave

Address

Okeechobee, FL 34972

City, State & Zip

863-634-4631

Daytime Telephone number

OKEECHOBEECOUNTYVOLUNTEERFD@gmail.com

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

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

H22000099243 3

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

H22000099243 3

ARTICLE I NAMEThe name of the corporation shall be: OKEECHOBEE COUNTY FIRE RESCUE VOLUNTEERS, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:
707 NW 6th St., Okeechobee, FL 34972Mailing address, if different is:
707 NW 6th St., Okeechobee, FL 34972**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To provide support to the Okeechobee County Fire Rescue.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: by majority vote**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Charles Lester Akers, Jr., President Name and Title: _____Address: 3108 SE 21st Court Address: _____
Okeechobee, FL 34974Name and Title: Christopher Weeks, VP Name and Title: _____Address: 2345 SE 40th Avenue Address: _____
Okeechobee, FL 34974Name and Title: Suzanne Caldwell, Secretary/Treasurer Name and Title: _____Address: 3331 SE 30th Terrace Address: _____
Okeechobee, FL 34974

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TALLAHASSEE, FL 32399

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Laura Munson

Address: 319 N. Parrott Avenue

Okcechobee, FL 34974

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Laura Munson

Address: 319 N. Parrott Avenue

Okcechobee, FL 34974

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 Agent3-11-22
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 Incorporator3-11-22
Date

H22000099243 3