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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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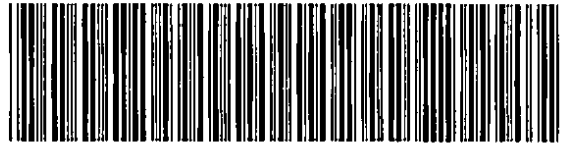
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AMVETS AUXILIARY #447, 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: VICKI JACOBS-PRATT

Name (Printed or typed)

281 EAST CASON BLVD

Address

INGLIS, FL 34449

City, State & Zip

207-312-4448

Daytime Telephone number

VICKIJP.VJP@GMAIL.COM

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

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 15 PM 12:57

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: AMVETS AUXILIARY #447, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
INGLIS AMVETS POST 447

405 HWY 40 E

INGLIS, FL 34449

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO FURTHER THE AMVETS LADIES AUXILIARY PROGRAMS
ACCORDING TO THE PRINCIPLES OF THE NATIONAL AND DEPARTMENT BYLAWS AND AMVETSS LADIES
AUXILIARY CONSTITUTION AND TO AID IN THE FULFILLMENT OF THE AIMS AND PURPOSES OF AMVETS,
OUR PARENT ORGANIZATION. NOTHING HEREIN SHALL CONFLICT WITH THE NATIONAL CONSTITUTION
OF AMVETS LADIES AUXILIARY.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIAN CAIN, PRESIDENT

Address: 24 LOIS LANE
INGLIS, FL 34449

AMVETSAUX447@GMAIL

Name and Title: SHERYL PIRZER, 2ND VP

Address: 141 WEST CASON BLVD
INGLIS, FL 34449

Name and Title: THERESA HEYDE, TREASURER

Address: 11500 W WATERWAY DRIVE
HOMOSASSA, FL 34448/

Name and Title: VERONICA REARDON 1ST VP

Address: 116 MARY STREET
INGLIS, FL 34449

Name and Title: SHEILA ELLIOTT, 3RD VP

Address: P.O. BOX 696
INGLIS, FL 34449

Name and Title: VICKI JACOBS-PRATT, SECRETAR

Address: 281 EAST CASON BLVD
INGLIS, FL 34449

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2022 JUN 15 PM 12:57
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: Marian Cain

Address: 274 Lois Ave

Inglis FL 34449

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICKI JACOBS PRATT

Address: 281 ~~281~~ EAST CHSON

INGLIS, FL 34449

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:

Marian Cain

Required Signature of Registered Agent

June 10, 2022

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.

Vicki Jacobs Pratt

Required Signature of Incorporator

June 10, 2022

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA