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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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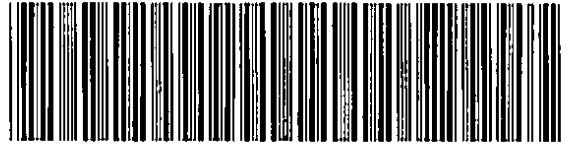
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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUN 27 AM 9:15

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COVER LETTER

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

SUBJECT: Suwannee County Historical Commission, 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: Suwannee County Historical Commission

Name (Printed or typed)

PO Box 1321

Address

Live Oak, FL 32064

City, State & Zip

386.362.1776

Daytime Telephone number

suwanneehistorical@gmail.com

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

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: Suwannee County Historical Commission, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
Suwannee County Historical Commission
208 North Ohio Avenue
Live Oak, FL 32064

Mailing address, if different is:
Suwannee County Historical Commission
PO Box 1321
Live Oak, FL 32064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose and mission of the Suwannee County Historical Commission is to locate, collect, preserve, and exhibit archaeological and historical objects and data about Suwannee County.

In the event of dissolution of the Historical Commission, the residual assets of the Commission shall be distributed one-half (1/2) to Suwannee County and one-half (1/2) to the City of Live Oak, or by agreement of City and County, to one or more organizations.
Under no circumstances shall any of the assets of the Historical Commission, upon dissolution, be distributed to any member, officer, trustee, or employee of the Commission.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric Musgrove, Chair

Address: 11521 County Road 132
Live Oak, FL 32060

Name and Title: Pat Mitchell, Treasurer

Address: 13158 116th Street
Live Oak, FL 32060

Name and Title: Billy Williams, Vice-Chair

Address: 624 Suwannee Avenue
Live Oak, FL 32064

Name and Title: Jennings Bunn, Member-at-Large

Address: 11028 73rd Court
Live Oak, FL 32060

Name and Title: Sue Lamb, Secretary

Address: 9668 135th Drive
Live Oak, FL 32060

Name and Title: _____

Address: _____

FILED AND/OR VIDEO
DIVISION OF CORPORATIONS
TAILLANCE, FLORIDA

2022 JUN 27 AM 9:15

FILED

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: Eric Musgrove _____

Address: 11521 County Road 132 _____
Live Oak, FL 32060 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eric Musgrove _____

Address: 11521 County Road 132 _____
Live Oak, FL 32060 _____

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 Agent

6/23/22

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 Incorporator

6/23/22

Date