

N22000012301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500392759585

2022 OCT 31 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 OCT 31 PM 2:05

FILED

D. O'KEEFE

OCT 31 2022

W22-127441

COVER LETTER

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

SUBJECT: NAZA FAMILY 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: Jason Linkinoker
Name (Printed or typed)

214 BOYLSTON AVENUE

Address

DAYTONA BEACH, FL 32118

City, State & Zip

386-852-3430

Daytime Telephone number

nazasurfcamp@yahoo.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: NAZA FAMILY INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
214 BOYLSTON AVENUE

Mailing address, if different is:

DAYTONA BEACH FL 32118

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NAZA FAMILY INC IS A NON PROFIT CORPORATION AND SHALL
OPERATE EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL
TAX CODE.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JASON LINKINHOKER/PRESIDENT

Address: 214 BOYLSTON AVENUE
DAYTONA BEACH FL 32118

Name and Title: MICHELLE LINKINHOKER/OFFICE

Address: 214 BOYLSTON AVENUE
DAYTONA BEACH FL 32118

Name and Title: CAREY DURYEA/OFFICER

Address: 251 S COUNTRY CLUB ROAD
LAKE MARY FL 32746

Name and Title: LACIE JO LYNCH/OFFICER

Address: 251 S COUNTRY CLUB ROAD
LAKE MARY FL 32746

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Subscribed in plain
view of witnesses.

2022 OCT 31 PM 2:05

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: DURYE & EDWARDS CPAS LLC

Address: 120 E CRYSTAL LAKE AVENUE

LAKE MARY FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jason Linkinoker

Address: 214 Baylston Avenue

Daytona Beach FL 32118

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/18/22 (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

8/24/22
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

8/24/22
Date

2022 OCT 31 PM 2:05
CLERK, DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED