

N23000000509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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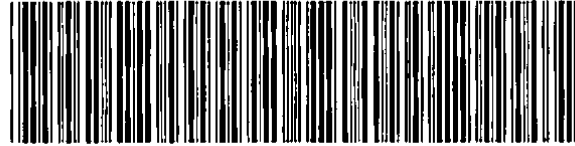
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/23/23--01006--023 **78.75



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COVER LETTER

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

SUBJECT: Save Blackwater River, 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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

23 JAN 23 AM 12:50

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FROM: Pam Mitchell
Name (Printed or typed)

59405 COOPERS BASIN DR
Address

MILTON FL 32583
City, State & Zip

850 324-6682
Daytime Telephone number

saveblackwaterriver@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

name of the corporation shall be: Save Blackwater River, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6223 Hwy 90
309
MILTON FL 32570

Mailing address, if different is:

Same

ARTICLE III PURPOSE

purpose for which the corporation is organized is:

Clean rivers are vital for livelihood,
recreation and a healthy environment.
The purpose of Save Blackwater River, Inc.
is to preserve the environmental
integrity of our river and our
community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: ELECTED
by the membership.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID SAMPLES Name and Title: PRES
Address: 7756 Lakeside Dr
MILTON FL 32583

Name and Title: Pam Mitchell Name and Title: VP
Address: 5965 COOPERS BASIN Dr
MILTON FL 32583

Name and Title: Rick Rogers Name and Title: TREASURER
Address: 4595 Amblerwood Ct
MILTON FL 32571

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FALLAHASSEE FL 32909

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NAME AND TITLE: FRANCISCA SCIOLINO AMBR
ADDRESS: 7732 Erudition Ave
MILTON FL 32583

NAME AND TITLE: Jerry Mitchell AMBR
ADDRESS: 5965 Coopers Basin Dr
MILTON FL 32583

ARTICLE VI REGISTERED AGENT

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

NAME: Jerry Mitchell
ADDRESS: 5965 Coopers Basin Dr
MILTON FL 32583

ARTICLE VII INCORPORATOR

name and address of the Incorporator is:

NAME: Jerry Mitchell
ADDRESS: 5965 Coopers Basin Dr
MILTON FL 32583

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.

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.

I, _____, 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.

[Signature]
Required Signature of Registered Agent

1-23-23
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.

[Signature]
Required Signature of Incorporator

1-23-23
Date

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SECRETARY OF STATE