

N23000002334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

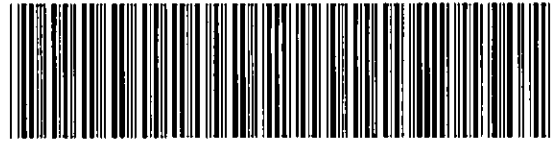
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: National Association of Letter Carriers Branch
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
FIN # 59-6204708 # 1753
JA

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:

Brian Hardesty
Name (Printed or typed)

706 19th Ave W

~~706 19th Ave W~~
Address

Bradenton FL 34205
City, State & Zip

941 720 1541
Daytime Telephone number

NAIC1753@gmail.com
E-mail address: (to be used for future annual report notification)

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

RECEIVED
TALLAHASSEE, FL
SECRETARY OF STATE

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Name and Title: Brian Hardesty ~~Name and Title:~~ Treasurer
Address: 706 19th Ave W Address: _____
Bradenton FL 34205 _____

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: Brian Hardesty
Address: 706 19th Ave W
Bradenton FL 34205

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____
Address: _____

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

 Brian C Hardesty
Required Signature of Registered Agent

2/9/23
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.

Required Signature of Incorporator

Date

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: National Association of Letter Carriers
Branch # 1753 IN

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

706 19th Ave West
Bradenton FL 34205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Represent Letter Carriers with
Employment Violations, Represent Letter Carriers
in all job related matters and help provide
acceptable working conditions and wages
for letter carriers. A labor organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

every 2 years elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Citera Name and Title: President

Address: 706 19th Avenue Address: _____
Bradenton FL 34205

Name and Title: Vacant Name and Title: Vice President

Address: _____ Address: _____

Name and Title: Barbara J. Miller Name and Title: Secretary

Address: 706 19th Avenue Address: _____
Bradenton FL 34205

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