

N23000002471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

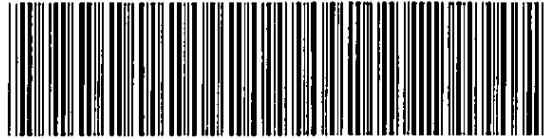
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D. O'KEEFE

MAR - 8 2023

COVER LETTER

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

SUBJECT: AMVETS LADIES AUXILIARY 2000 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: AMVETS LADIES AUXILIARY 2000 INC

Name (Printed or typed)

401 ortiz Blvd

Address

Warm Mineral Springs FL 34287

City, State & Zip

941-429-1999

Daytime Telephone number

laux2018 @ outlook.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: AMVETS LADIES AUXILIARY 2000 INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
401 Ortiz Blvd

Mailing address, if different is:

Warm Mineral Springs FL 34287

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To serve area veterans

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

bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruth P Gross

Name and Title: TREA

Address: 401 Ortiz Blvd

Address: _____

Warm Mineral Soprrings FL 34287

Name and Title: Regina Sheets

Name and Title: President

Address: 401 Ortiz Blvd

Address: _____

Warm Mineral Soprrings FL 34287

Name and Title: JoAnne Kelderman

Name and Title: VP

Address: 401 Ortiz Blvd

Address: _____

Warm Mineral Soprrings FL 34287

ALL APAS FILED

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Name and Title: Susan Lutz Name and Title: SEC
Address: 401 Ortiz Blvd Address: _____
Warm Mineral Springs FL 34287 _____

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: Ruth P Gross
Address: 401 Ortiz Blvd
Warm Mineral Springs FL 34287

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ruth P Gross
Address: 401 Ortiz
Warm Mineral Springs FL 34287

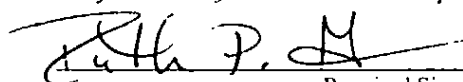
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Feb 10 2023, (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.)

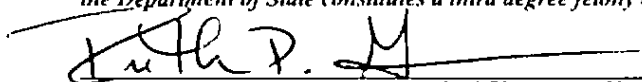
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2/10/23
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

2/10/23
Date

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FALL ALABAMA