

NA23000006591

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

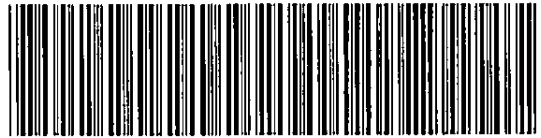
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NA23000047719

Office Use Only



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*[Handwritten signature]*  
6/2/23

04/06/23 - 01:01--001 4497.50

FILED  
2023 MAY -4 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2023

CAROL LAYFIELD  
823 STATE RD 20  
INTERLACHEN, FL 32148

SUBJECT: F.O.E. LADIES AUXILIARY #3822 INC.  
Ref. Number: W23000047719

We have received your document for F.O.E. LADIES AUXILIARY #3822 INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

I received the revision, but things are still not clear. The purpose of the non profit needs to be more specific.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 323A00010099

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TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Fraternal Order of Eagles Bass Capital Auxiliary #3822  
(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: Carol Hayfield  
Name (Printed or typed)

823 State Rd 20  
Address

Interlachen FL 32148  
City, State & Zip

478-549-1122 386-684-3252  
Daytime Telephone number

Carol 3822 @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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

**ARTICLE I NAME**

The name of the corporation shall be: F.O.E. Ladies Auxiliary #3822 Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

823 State Rd 20  
Interlachen, FL  
32148

Mailing address, if different is:

P.O. Box 940  
Interlachen, FL  
32148

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for the membership  
not to be held liable.

We donate to cancer, heart, and home  
charities. We also help people of the community  
with needs; electric, doctor bills, etc.

No cash given, bills paid directly.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: voted on Floor.  
Officers elected by ballot, Reread on Floor.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Madam President  
Name and Title: Kathleen M. Taylor  
Address: 213 Creager Ave.  
Interlachen, FL  
32148

Madam Vice President  
Name and Title: Sandra K. Tedrick  
Address: 7300 Crill Ave #18  
Palatka, FL 32177

Madam Secretary  
Name and Title: Carol N. Layfield  
Address: 7300 Crill Ave. #18  
Palatka, FL 32177

Madam Treasurer  
Name and Title: Norma Crawford  
Address: 238 Lakeview way  
Interlachen, FL 32177

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: Carol J. Layfield

Address: 7300 Crill Ave. #18

Palatka, FL 32177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carol J. Layfield

Address: 7300 Crill Ave. #18

Palatka, FL 32177

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TALLAHASSEE, FL

**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*

Carol J. Layfield  
Required Signature of Registered Agent

5-22-23  
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.*

Carol J. Layfield  
Required Signature of Incorporator

5-22-23  
Date