

N23000007612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

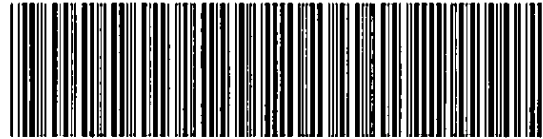
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FILED

2023 JUN 23 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 23 AM 10:41



COVER LETTER

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

SUBJECT: PINEWOODS BIRD DOG CLUB, 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: JEFFERY ARNOLD
Name (Printed or typed)

1 CHERRY TREE RD.
Address

MONTICELLO, FL 32344
City, State & Zip

(850) 510-2220
Daytime Telephone number

ARNOLDSYOUTHFIELDTRIAL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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2023 JUN 23 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME
The name of the corporation shall be: PINEWOODS BIRD DOG CLUB, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1 CHERRY TREE RD.

Mailing address, if different is:

MONTICELLO, FL 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT FIELD TRIALS AND TRAIL RIDING LESSONS AND
COMPETITIONS ESPECIALLY FOR YOUNG PEOPLE, AT PINEWOODS PLANTATION.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: MAJORITY VOTE
of the initial officers

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFEFERY ARNOLD, PRESIDENT Name and Title: _____

Address: 1 CHERRY TREE ROAD Address: _____
MONTICELLO, FL 32344

Name and Title: GENE D. BROWN, VICE PRESIDENT Name and Title: _____

Address: 250 JOHN KNOX RD, SUITE 4 Address: _____
TALLAHASSEE, FL 32303

Name and Title: CARLI MCFALLS, TREASURER Name and Title: _____

Address: 634 PINE BRANCH LANE Address: _____
QUITMAN, GA 31643

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 23 AM 8:00

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: GENE D. BROWN

Address: 250 JOHN KNOX RD, SUITE 4

TALLAHASSEE, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GENE D. BROWN

Address: 250 JOHN KNOX RD, SUITE 4

TALLAHASSEE, FL 32303

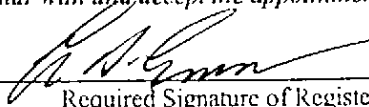
ARTICLE VIII EFFECTIVE DATE: 06/23/2023

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

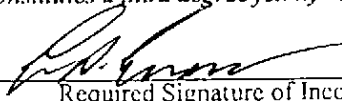


Required Signature of Registered Agent

06/23/2023

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

06/23/2023

Date

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2023 JUN 23 AM 8:00
TALLAHASSEE, FL
SECRETARY OF STATE