

N23000009983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

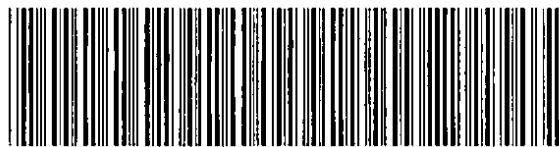
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COVER LETTER

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

SUBJECT: LYNN HALEN II LIONS 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: REESE SUZANNE RUSSELL
Name (Printed or typed)

720 W 8TH STREET
Address

LYNN HALEN FL 32444
City, State & Zip

850-624-5558
Daytime Telephone number

DCLASSIE@AOL.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: LYNN HAVEN II LIONS CLUB, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

720 W 84 STREET SAME
LYNN HAVEN, FL 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SUPPORT COMMUNITY HEALTH, WELFARE,
SIGHT, HEARING AND OTHER PROGRAMS FOR THE BETTERMENT OF OUR
COMMUNITY

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: per this
ORGANIZATION'S BY-LAWS ARTICLES IV, & 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jodi CHRISTINE MOORE, PRES Name and Title: REESE SUZANNE RUSSELL, TREASURER

Address: 2129 AMHURST STREET Address: 720 W 84 STREET
LYNN HAVEN, FL 32444 LYNN HAVEN FL 32444

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: REESE SUZANNE RUSSELL

Address: 720 W. 8TH STREET
LYNN HAVEN, FL 32444

ARTICLE VII INCORPORATOR

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

Name: REESE SUZANNE RUSSELL

Address: 720 W. 8TH STREET
LYNN HAVEN FL 32444

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

Reese Suzanne Russell
Required Signature of Registered Agent

6-15-23
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.

Reese Suzanne Russell
Required Signature of Incorporator

6-15-23
Date