

N240000009249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

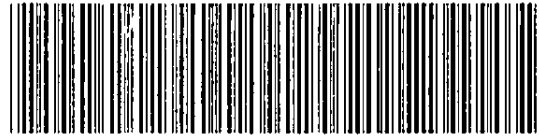
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COVER LETTER

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

SUBJECT: Amelia Island Chapter Daughters of the American Revolution, 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: Susan M. Fowler
Name (Printed or typed)

2685 Benz Pl
Address

Fernandina Beach, FL 32034-8904
City, State & Zip

618-402-8781
Daytime Telephone number

Treasurer@AmeliaIslandNSDAR.org

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: Amelia Island Chapter Daughters of the American Revolution, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2685 Benz Pl

Fernandina Beach, FL 32034-8904

Mailing address, if different is:

P. O. Box 16664

Fernandina Beach, FL 32035-8904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Historic Preservation, Education, Patriotic and Community Service
and all other related activities permitted by law.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rebecca M. Mayle, Chapter Regent

Address: 2135 Calais Ln

Fernandina Beach, FL 32034-8933

Name and Title: Diane C. Hishia, Chapter Vice Regent

Address: 34 Salt Marsh Dr

Fernandina Beach, FL 32034

Name and Title: Susan M. Fowler, Chapter Treasurer

Address: 2685 Benz Pl

Fernandina Beach, FL 32034-8904

Name and Title: Alice LeGrand, Chapter Secretary

Address: 1820 Atlantic Pl

Fernandina Beach, FL 32034-5820

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2024
AUG - 8
AM 10:37

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: Susan M. Fowler

Address: 2685 Benz Pl

Fernandina Beach, FL 32034-8904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan M. Fowler

Address: 2685 Benz Pl

Fernandina Beach, FL 32034-8904

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

Required Signature of Registered Agent

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