

N24000011999

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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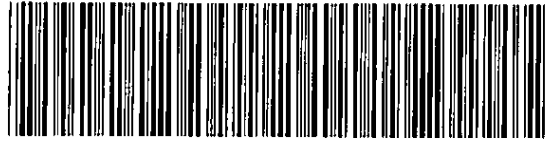
(Business Entity Name)

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TALLAHASSEE, FL

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## COVER LETTER

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

SUBJECT: PASCO COUNTY AUXILIARY COMMUNICATIONS SERVICE 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: TIMOTHY CUNNINGHAM  
Name (Printed or typed)

37400 RUTLEDGE DRIVE  
Address

ZEPHYRHILLS, FLORIDA 33541  
City, State & Zip

813-842-1852  
Daytime Telephone number

tdc@earthling.net

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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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: PASCO COUNTY AUXILIARY COMMUNICATIONS SERVICE INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
TIMOTHY CUNNINGHAM

8744 GOVERNMENT DRIVE, BLDG A

NEW PORT RICHEY FLORIDA 34654

Mailing address, if different is:  
TIMOTHY CUNNINGHAM

37400 RUTLEDGE DRIVE

ZEPHYRHILLS FLORIDA 33541

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PUBLIC SERVICE.

ARTICLE IV: AS PROVIDED FOR IN THE BYLAWS.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: AS PROVIDED FOR

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

Name and Title: CUNNINGHAM, TIMOTHY - P / D

Address: 37400 RUTLEDGE DRIVE  
ZEPHYRHILLS FLORIDA 33541

Name and Title: McDEVITT, JAMES - VP / D

Address: 7504 SAN CARLOS DRIVE  
PORT RICHEY FLORIDA 34668

Name and Title: LAMUNION, GARY - S / D

Address: 7434 MENGI CIRCLE  
NEW PORT RICHEY FL 34653

Name and Title: ALLSHOUSE, SCOTT - T / D

Address: 7700 SESAME STREET  
HUDSON FLORIDA 34667

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

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

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

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

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SEC. OF STATE  
TALLAHASSEE, FL

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: TIMOTHY CUNNINGHAM

Address: 37400 RUTLEDGE DRIVE

ZEPHYRHILLS FLORIDA 3354

**ARTICLE VII INCORPORATOR**

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

Name: TIMOTHY CUNNINGHAM

Address: 37400 RUTLEDGE DRIVE

ZEPHYRHILLS FLORIDA 33541

**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*

 Timothy Cunningham  
Required Signature of Registered Agent

August 20, 2024  
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.*

 Timothy Cunningham  
Required Signature of Incorporator

August 20, 2024  
Date

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SEC. OF STATE  
TALLAHASSEE, FL