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

900003013479--6 -11/03/99--01026--002 \*\*\*\*\*\*2.00 \*\*\*\*\*2.00

SUBJECT: Escambia County Coalition of Neighborhood Associations, Incorporated (Proposed corporate name - must include suffix)

> 900003013479--6 -10/13/99--01030--016 \*\*\*\*\*85.50 \*\*\*\*\*85.50

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: Ralph Goodman

Name (Printed or typed)

1301 W. Government St. Address

City, State & Zip

(850) 444-7140

Daytime Telephone number

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

R. VARNADORE NOV 23 1999



FLORIDA DEPARTMENT OF ST Katherine Harris Secretary of State

November 15, 1999

TERRI BOTTOM 1301 W GOVERNMENT ST PENSACOLA, FL 32501

SUBJECT: ESCAMBIA COUNTY COALITION OF NEIGHBORHOOD

ASSOCIATIONS, INCORPORATED

Ref. Number: W99000023946

We have received your document for ESCAMBIA COUNTY COALITION OF NEIGHBORHOOD ASSOCIATIONS, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The name of the entity must be identical throughout the document.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please submit only one set of articles.

Bylaws are not filed with this office. Please retain them for your records.

Please return the original and one copy of 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) 487-6928.

Tim Burch Document Specialist

Letter Number: 699A00054634

## ES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation: ARTICLE I The name of the corporation shall be: Escambia County Coalition of Neig Associations, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1301 W. Government St. Pensacola, FL 32501 ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are): To serve as a focal point for 19 1955 roots community and individual neighborhood efforts toward community improvement issues in general. To promote and maintain high public awareness, support and participation as relates to community issues and community By consensus of the general The manner in which the directors are elected or appointed is: membership consisting of not less than eleven and no more than seventeen members. As stated in the By Laws INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Susan\_Senkarik 208 Florida Blanca Pensacola, FL 32501 ARTICLE VI INCORPORATOR The name and address of the Incorporator to these Articles of Incorporation are: Goodman Kalph 1820 W. Jordanst Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signaturè/Registered Agent