

P110000064158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

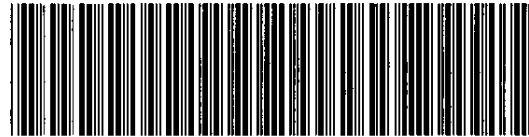
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/11--01010--009 **78.75.

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2011 JUL 13 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC

SC 7/18

6-27-11 1111000034443

COVER LETTER

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

SUBJECT: First Coast Poker Association, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: **Donna Knee**

Name (Printed or typed)

6795 Horseshoe circle

Address

Bryceville Fl 32009

City, State & Zip

904-266-4886

Daytime Telephone number

firstcoastpoker@yahoo.com

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2011 JUL 13 PM 2:30

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

First Coast Poker Association Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6795 horseshoe Circle
bryceville fl 32009

Mailing address, if different is:
same as principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to provide free poker to people

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Knee, President
Address: 6795 Horseshoe Circle
Bryceville FL 32009

Name and Title: _____
Address: _____

Name and Title: Raymond Knee, Vice President
Address: 6795 Horseshoe Circle
Bryceville FL 32009

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Donna Knee
Address: 6795 horseshoe Circle
Bryceville FL 32009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donna Knee
Address: 6795 Horseshoe Circle
Bryceville FL 32009

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2011 JUL 13 PM 2:30
CLERK OF COURT
JULIA A. BROWN

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

Donna Knee

Required Signature/Registered Agent

07/05/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Donna Knee

Required Signature/Incorporator

07/05/2011

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 JUL 13 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 27, 2011

DONNA KNEE
6795 HORSESHOE CIRCLE
BRYCEVILLE, FL 32009

SUBJECT: FIRST COAST POKER ASSOCIATION, INC.
Ref. Number: W11000034443

We have received your document for FIRST COAST POKER ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6924.

Sharon Collins
Regulatory Specialist II
New Filing Section

Letter Number: 711A00015476