

P24000010254

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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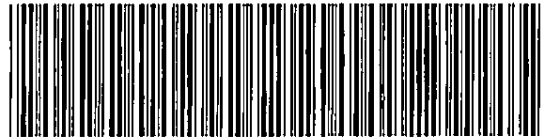
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/10/24--01005--002 **78.75

FILED
2024 JAN 10 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FL

T. MATTHEWS

FEB -8 2024



COVER LETTER

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

SUBJECT: The American Horological Society
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.

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: David H. Boyd
Name (Printed or typed)

11620 N. Florida Ave
Address

Tampa FL 33612
City, State & Zip

813-368-7862
Daytime Telephone number

info@boydclocks.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: The American Horological Society
INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11620 N. Florida Ave
Tampa FL 33612

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be the parent
company for the Museum of Time and
the Boyd Clocks school of Horology

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Boyd President

Address: 11620 N. Florida Ave
Tampa FL 33612

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

Name and Title: David H. Boyd Name and Title: President
Address: President
11620 N. Florida Ave Address: _____
Tampa, FL 33612 _____

ARTICLE VI REGISTERED AGENT

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

Name: David Boyd
Address: 11620 N. Florida Ave
Tampa, FL 33612

ARTICLE VII INCORPORATOR

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

Name: David Boyd
Address: 11620 N. Florida Ave.
Tampa, FL 33612

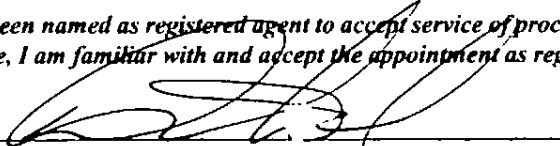
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-5-24 (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.)

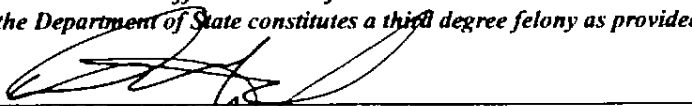
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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/Registered Agent

1-4-24
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.


Required Signature/Incorporator

1-4-24
Date