GuiNN H	10019	/ ^{**} •
r. O. Box 50	's Name	MILANIA FILORIDA
Woodville City/State/Zip	7 dress 4243/25 F/A 32326 Phone #	Office Use Only
	(S) & DOCUMENT NUM	•
2. (Corporation No.		eunent #)
(Corporation No.		ument #)
Walk in Pick to Mail out Will w		☐ Certified Copy ☐ Certificate of Status
NEW FILINGS (A	MENDMENTS	
	mendment esignation of R.A., Officer/ Director	
Limited Liability Cl	hange of Registered Agent	7
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Annual Report Fictitious Name Fo	REGISTRATION/	96 1119 -4 11111:51 18 1119 -4 1111:51
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ARTICLES OF INCORPORATION **OF** WAKULLA CHIVAREE INC.

ARTICLE I

The name of this corporation is Wakulla Chivaree Inc.

ARTICLE II

This Corporation is organized for the purpose of promoting and educating people to what the Wakulla Area was is and will be. Also preserving the history and heritage of the people of the area. Giving individuals, clubs, organizations and business an opportunity to exhibit collection, archives and products any and all other lawful business related thereto.

ARTICLE III

The Corporation is authorized to issue one hundred Shares of \$1.00 Par Value Common stock. No other class of stock is authorized.

ARTICLE IV

The street address of the initial registered office of this Corporation is 414 Bob Miller Road, Crawfordville, Florida 32326. The name of the initial registered agent of this Corporation at the above address is Guinn Haskins. The principal place of business is the same as the registered office.

ARTICLE V

This Corporation shall have 2 Directors initially. The number of Directors may be either increased or diminished from time to time by the bylaws.

The names and addresses of the initial Directors of this Corporation are:

NAME

ADDRESS

Guinn Haskins P.O. Box 507, Woodville, Florida 32362

414 Bob Miller Rd, Crawfordville, Florida 32326

Lady Haskins

P.O. Box 507, Woodville, Florida 32362

414 Bob Miller Rd, Crawfordville, Florida 32326

ARTICLE VI

The names and addressed of the individuals signing there Articles are:

NAME

ADDRESS

Guinn Haskins

P.O. Box 507, Woodville, Florida 32362

414 Bob Miller Rd, Crawfordville, Florida 32326

Lady Haskins

P.O. Box 507, Woodville, Florida 32362

414 Bob Miller Rd, Crawfordville, Florida 32326

ARTICLE VII

NAME ADDRESS OFFICE Guinn Haskins P.O. Box 507, Woodville, Florida 32362 President 417 Bob Miller Rd, Crawfordville, Florida 32326 Sherri Jackman P.O. Box 1005, Woodville, Florida 32326 V-President 869 Sunflower Rd, Tallahassee, FL 32310 Route 16 Box 5348, Tallahassee, Florida 32310 Amy Smith Secretary Cox Rd, Tallahassee, FL 32310 Lady Haskins P.O. Box 507, Woodville, Florida 32362 Treasurer 417 Bob Miller Rd, Crawfordville, Florida 32326 Marymanget Butler P.O. Box 3141, Tallahassee, FL 32315 Historian 3369 Lower Hawthorne Tr. Cairo, Ga. 31728

ARTICLE VIII

This Corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

The Board of Directors and the Shareholders shall have the power to adopt, alter, amend or repeal the bylaws of the Corporation.

ARTICLE IX

The Corporation shall indemnify any and all officers or Directors, or any former Officer or Director, to the full extent permitted by law for all acts done on behalf of the Corporation.

ARTICLE X

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment hereto, and any right conferred upon the Shareholders is subject to this reservation.

GUINN HASKINS

LADY HASKINS

STATE OF FLORIDA)	
)	SS
COUNTY OF WAKULLA)	

BEFORE ME, a Notary Public, authorized to take acknowledgements in the State and County set forth above, personally appeared GUINN HASKINS and LADY HASKINS, known to me and known by me to be the persons who executed the fore-going Articles of Incorporation, and who acknowledged before me that they executed these Articles of Incorporation.

My Communication Expires:

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First, that WAKULLA CHIVAREE, INC. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation 414 Bob Miller Road, County of Wakulla, (mailing address: P.O. Box 100, Woodville, Florida 32362), as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Resident Agent

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