

N13000007870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

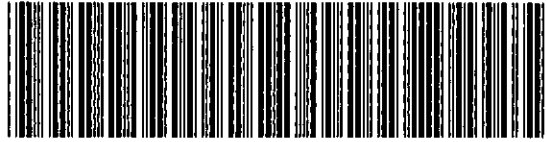
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700251003907

08/26/13--01014--004 **70.00

FILED
13 AUG 26 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 08/29/13

COVER LETTER

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

SUBJECT: Visit Pensacola, 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: Shawn Keenan
Name (Printed or typed)

4060 Barrancas Ave
Address

Pensacola, FL 32507
City, State & Zip

850-456-7401
Daytime Telephone number

shawnk@amfilife.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Visit Pensacola, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

113 Baybridge Professional Park

Gulf Breeze, FL 32561

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote tourism in Escambia County, FL.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

As dictated by the corporation by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ron Ellington, President Name and Title: President

Address: 113 Baybridge Professional Park Address: _____

Gulf Breeze, FL 32561

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 26 PM 4:43

FILED

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: Ron Ellington

Address: 113 Baybridge Professional Park
Gulf Breeze, FL 32561

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ron Ellington

Address: 113 Baybridge Professional Park
Gulf Breeze, FL 32561

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 26 PM 4:43

FILED

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

Ron Ellington

Required Signature of Registered Agent

8/23/2013

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.

Ron Ellington

Required Signature of Incorporator

8/23/2013

Date