

NO7000009425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

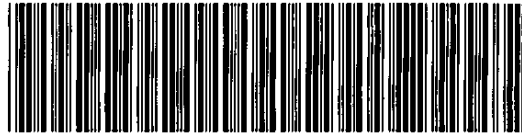
(Business Entity Name)

(Document Number)

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2001 SEP 24 A 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. WHITE SEP 25 2001

COVER LETTER

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

SUBJECT: JCP Cares, 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: Katherine A. Bravo
Name (Printed or typed)

450-106 State Road 13 North, # 165
Address

St. Johns, Florida 32259
City, State & Zip

Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
JCP Cares, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
450-106 State Road 14 N, #165
St. Johns, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
exclusively for charitable, religious, educational, and scientific purposes, the making of distributions to organizations that qualify as exempt organizations under 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Directors/Officers will be elected in accordance with the By-laws .

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Katherine A. Bravo-President
Lindsey Waggoner/Claire Teixeira Vice-Presidents
Jeralyn Forcier- Secretary
Address- Same as Above

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Katherine A. Bravo- 450-106 State Road 13 North, # 165, St. Johns, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Katherine A. Bravo- Same as above

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.

Katherine A. Bravo
Signature/Registered Agent

9/18/07
Date

Katherine A. Bravo
Signature/Incorporator

9/18/07
Date