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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	—
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Jeanne P. Kline	
ANTENNA GAVE	
CORRECT / A LE VO	
DATE VIZIZ	
DOG. EXAM / /NRD	1

Office Use Only



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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Arlington East Neighborhood Crime Watch Association, 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 C	OPY REQUIRED
FROM:		inted or typed)	_
	2248 Leon Rd.	ddress	_
4.	Jacksonville, Fl	32246 State & Zip	_
	(904) 318-1025		

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

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

2248 LeoPadime Telephone number

jeanne kline@att.net

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the co	NAME Arlington East Neighbo orporation shall be:	rhood Crime	Watch Association, Inc.
ARTICLE II	PRINCIPAL OFFICE Principal street address 2248 Leon Rd		Mailing address, if different is:
	Jacksonville, Fl. 32246	 	
ARTICLE III	PURPOSE		
The purpose for v	which the corporation is organized is:		,
community involved value of the pro-	nal activity within the Brookview community olvement. To work together within this comn operties of this neighborhood. And to promo purpose of making them aware of potential h	nunity to preser te and develop	ve and protect the viability, safety, and relationships with local police, fire, and
ARTICLE IV	MANNER OF ELECTION The manner in	which the director	s are elected and appointed:
Officers are	elected by majority vote of the general	l membership	of this organization.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>RS</u>	
Name and I Address:	Fitle: <u>Jeanne P. Kline. President</u> 2248 Leon Rd.	Name and Title Address:	::Kimberly Miller, Secretary 10463 Greenhaven Dr.
	Jacksonville, Fl 322 46	- -	Jacksonville, Fl 32246
Name and Taddress:	Title: Michael J. McClarrie, Vice President 1931 Kitty St.	_	: <u>Barbara Robinson, Treasurer</u> 10425 Agave Rd.
	Jacksonville, Fl 32246	_ _	Jacksonville, Fl 32246
Name and Taddress:	Fitle: Donald J. Butler, V.P. of Crime Watch 1961 Debutante Dr.		
	Jacksonville, Fl 32246	_	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) or	f the registered age	ent is:
Name: Address:	Jeanne P. Kline 2248 Leon Rd.		AE 12
ridaress,		-	Sign by TI
	Jacksonville, Fl 32246		AD -
ARTICLE VII	INCORPORATOR		SER W
	idress of the Incorporator is:		mg P
Name:	Jeanne P. Kline		70 F
Address:	2248 Leon Rd.	_	FLOR
	Jacksonville, Fl 32246	-	ÖM O
Having been nar certificate, I am f	med as registered agent to accept service of proce familiar with and accept the appointment as register	ess for the above red agent and agro	stated corporation at the place designated in the ee to act in this capacity
Sen	me P Kline Required Signature of Registered Agent		1-11-12
T	Required Signature of Registered Agent		$\frac{1-11-12}{\text{Date}}$
I submit this doctor to the Department	ument and affirm that the facts stated herein are to at of State constitutes a third degree felony as provid	rue. I am aware ti ded for in s.817.15	hat any false information submitted in a documer 55, F.S.