

N13000007381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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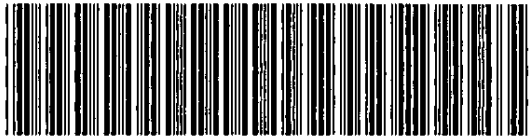
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

T. Bush AUG 19 2013

*Handwritten signature/initials*

**COVER LETTER**

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

**SUBJECT:** Forgotten Angels, 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 D. Snow  
Name (Printed or typed)

5321 Julington Creek Rd  
Address

Jacksonville, FL 32258  
City, State & Zip

904-262-6774  
5321 Julington Creek Rd phone number

forgottenangelsjax@gmail.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: Forgotton Angels, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

5321 Julington Creek Rd  
Jacksonville, FL 32258

Mailing address, if different

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Forgotten Angels, Inc. is  
organized exclusively for charitable purposes  
within the meaning of section 501(C)(3) of the  
Internal Revenue Code. Specifically for the giving  
of time and gifts to the elderly in Northeast  
Florida nursing homes.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Directors are elected in quarterly meetings

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Katherine D. Snow Name and Title: \_\_\_\_\_  
President

Address \_\_\_\_\_ Address: \_\_\_\_\_  
5321 Julington Creek Rd  
Jacksonville, FL 32258

Name and Title: Sandra L. King, Vice Name and Title: \_\_\_\_\_  
President

Address \_\_\_\_\_ Address: \_\_\_\_\_  
1729 Hawaii Dr, East  
Jacksonville, FL 32246

Name and Title: Peggy J. McKenney, Treasurer Name and Title: \_\_\_\_\_

Address 8597 Sturbridge Cr, East Address: \_\_\_\_\_  
Jacksonville, FL 32244

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: Katherine D. Snow

Address: 5321 Julington Creek Rd  
Jacksonville, FL 32258

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TALLAHASSEE, FL 32307

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Katherine D. Snow

Address: 5321 Julington Creek Rd  
Jacksonville, FL 32258

*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 D. Snow  
Required Signature of Registered Agent

8/11/2013  
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.*

Katherine D. Snow  
Required Signature of Incorporator

8/11/2013  
Date