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COVER LETTER

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

SUBJECT: JEFFERSON COUNTY LIONS CLUB FOUNDATION 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: JESSIE L CARPENTER
Name (Printed or typed)

9343 ROSE ROAD
Address

TALLAHASSEE, FL 32311
City, State & Zip

850-656-8615
Daytime Telephone number

lionjessie@yahoo.com
E-mail address: (to be used for future annual report notification)

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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: JEFFERSON COUNTY LIONS CLUB FOUNDATION INC,

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3366 NORTH SALT ROAD
MONTICELLO FL 32344

Mailing address, if different is:
9343 ROSE ROAD
TALLAHASSEE FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EXCLUSIVELY CHARITABLE, OR EDUCATIONAL WITHIN THE MEANING OF SECTION 501 (C) (3) OF THE IRS CODE. TO SOLICIT, COLLECT, AND OTHERWISE RAISE MONEY TO FUND THE AIMS ANF GOALS OF THE JEFFERSON COUNTY LIONS CLUB FOUNDATION INC; WHICH ARE EXCLUSIVELY CHARITABLE WITHIN THE MEANING OF THE IRS 501 (C) (3) CODE.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: PER BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEBBIE SNAPP PRESIDENT
Address: 3366 NORTH SALT ROAD
MONTICELLO FL 32344

Name and Title: PAM BECK VP
Address: 618 STILL ROAD
MONTICELLO FL 32344

Name and Title: JESSIE CARPENTER SECY - RES AGT
Address: 9343 ROSE ROAD
TALLAHASSEE FL

Name and Title: NORMAN CARPENTER TREAS
Address: 9343 ROSE ROAD
TALLAHASSEE, FL 32311

Name and Title: DENNIS FOGGY DIRECTOR
Address: 191 FOGGY LANE
MONTICELLO FL 32344

Name and Title: SHIRLEY BOUIE DIRECTOR
Address: 2121 KEITH ST
TALLAHASSEE, FL 32310

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: JESSIEL CARPENTER
Address: 9343 ROSE ROAD
TALLAHASSEE FL 32311

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JESSIE CARPENTER
Address: 9343 ROSE ROAD
TALLAHASSEE FL 323211

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Jessie L Carpenter
Required Signature of Registered Agent

6/2/16
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.

Jessie L Carpenter
Required Signature of Incorporator

6/2/16
Date