N17000003735

(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:

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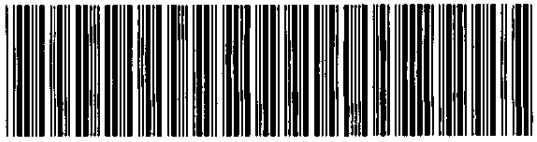

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DEPARTMENT OF STATE
17 APR -7 PM 3:40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR -7 PM 4:01

COVER LETTER

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

SUBJECT: ELON J. Wills 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: ELON J. Wills Foundation INC
Name (Printed or typed)

2807 McArthur St
Address

Tall FL 32310
City, State & Zip

850-210-3687
Daytime Telephone number

LegalKeas@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: ELON J. Wills Foundation INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

2807 McArthur St
TALLAHASSEE,
FL, 32301

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Elon J. Wills Foundation Inc. will be to advocate on behalf of Individuals who may be suffering from Some form of Mood Disorder / Mental Health & Family Members Seeking information about Mood Disorders involving Research & Accomodations.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: They will be Appointed by President and Vice President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bobbie J. Akins VP

Address 2807 McArthur Street TALLAHASSEE, FL 32310

Name and Title: Kenneth B. Wills P

Address 2510 McELROY St TALLAHASSEE, FL 32310

Name and Title:

Address

Name and Title:

Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR -7 AM 9:01

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: Kenneth B. Wills Sr

Address: 2510 McElroy St
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

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

Name: Kenneth B. Wills Sr

Address: 2510 McElroy St
Tallahassee, FL 32310

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 days prior or 90 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

Kenneth B. Wills Sr. — 4/7/17

Required Signature of Registered Agent — 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.

Kenneth B. Wills Sr — 4/7/17

Required Signature of Incorporator — Date