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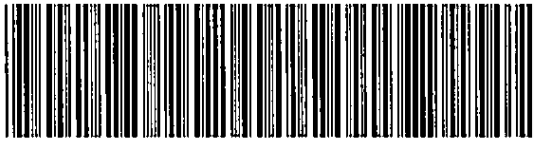
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SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: Estate Planning Council of Northeast Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>187 S. E. Stiles Way</u> <u>Lake City, FL 32025</u>	Mailing address, if different is: _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a better understanding of the services which Chartered Life Underwriters, Chartered Financial Consultants, Certified Financial Planners, Certified Trust and Financial Advisors and/or trust officers, lawyers, and Certified Public Accountants can render to the general public.

To promote cooperation between each of the disciplines listed above and to foster a better understanding of the proper relationship which each discipline bears to the other and to the general public.

To use this understanding and cooperation to better serve clients. To promote the interests of its members and the general public.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated by bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>John P. Cole, President</u> Address: <u>1 Independent Drive, Suite 2300</u> <u>Jacksonville, FL 32202</u>	Name and Title: <u>Reid Hartsfield, Vice President/Treasur</u> Address: <u>4600 Touchton Rd.</u> <u>Jacksonville, FL 32246</u>
Name and Title: <u>Michael J. Sousou, Secretary</u> Address: <u>165 Wells Rd. Suite 204</u> <u>Orange Park, FL 32073</u>	Name and Title: <u>Jamie M. Jolles, Director</u> Address: <u>10375 Centurion Pkwy N, Suite 115</u> <u>Jacksonville, FL 32256</u>
Name and Title: <u>Karen B. Mayfield, Director</u> Address: <u>76 South Laura Street, 20th Floor</u> <u>Jacksonville, FL 32202</u>	Name and Title: <u>Mamie L. Davis, Director</u> Address: <u>1751 University Boulevard S Suite C</u> <u>Jacksonville, FL 32216</u>

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Name and Title: Grace M. Sacerdote, Director
Address: 245 Riverside Avenue, Suite 310
Jacksonville, FL 32202

Name and Title: Timothy T. Raines, Director
Address: 4029 Atlantic Boulevard
Jacksonville, FL 32207

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Cherri Coombs Ohmer
Address: 187 S.E. Stiles Way
Lake City, FL 32025

ARTICLE VII INCORPORATOR

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

Name: Mamie L. Davis, Esq.
Address: 1751 University Boulevard South, Suite C
Jacksonville, FL 32216

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TALLAHASSEE, FL

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

Cherri Coombs Ohmer
Required Signature of Registered Agent

9/21/2021
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.

Mamie L. Davis
Sept 16, 2021