

F1300003097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

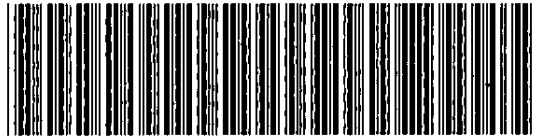
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/21/13--01017--004 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 15 PM 1:47



RECEIVED

13 JUL 15 PM 2:26

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 24, 2013

LISA JOE
SINCLAIR JOE LEGACY FOUNDATION, INC.
P O BOX 1555
SNELLVILLE, GA 30078-1555

SUBJECT: SINCLAIR JOE LEGACY FOUNDATION, INC.
Ref. Number: W13000036382

We have received your document for SINCLAIR JOE LEGACY FOUNDATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 113A00015760

*correction
made.
JJS
7/11/13*

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sinclair Joe Legacy Foundation Inc.
Name of Corporation -- must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Joe

Name of Person

Sinclair Joe Legacy Foundation Inc.

Firm/Company

P. O. Box 1555

Address

Snellville GA 30078-1555

City/State and Zip Code

lisajoe28@yahoo.com

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

For further information concerning this matter, please call:

Lisa Joe

Name of Person

at (770) 377-2374

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Sinclair Joe Legacy Foundation, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Georgia 3. 45-4676080
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 15, 2011 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2250 Oak Rd #1555 ; Snellville, GA 30078-
(Principal office address)
PO Box 1555, Snellville, GA 30078-1555
(Current mailing address)
8. To provide educational and financial support to families affected
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) *by canter*
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Marvin Gilliard
Office Address: 5316 Marsala Ln
Jacksonville, Florida 32244
(City) (Zip Code)

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10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Marvin Gilliard
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: (Acting Chair) Alida Sims

Address: c/o L Joe - Sinclair Joe Legacy Foundation
P.O. Box 1555, Snellville, GA 30078-1555

Vice Chairman: _____

Address: _____

Director: Nelsenia Spencer

Address: c/o L Joe - Sinclair Joe Legacy Foundation
P.O. Box 1555, Snellville, GA 30078-1555

Director: _____

Address: _____

B. OFFICERS

President: Lisa Joe

Address: PO Box 1555
Snellville, GA 30078-1555

Vice President: Alfred Conyers

Address: 18002 Marble Springs
San Antonio, TX 78258

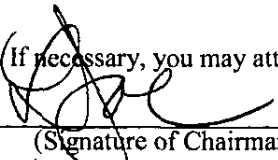
Secretary: Patricia Havens

Address: 3858 Springleaf Ct, Stone Mountain, GA 30083

Treasurer: Anthony Solomon

Address: 17309 Blue Spring Dr, Kannapolis, NC 28081

NOTE: (If necessary, you may attach an addendum to the application listing additional officers and/or directors.)

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lisa Joe, President
(Typed or printed name and capacity of person signing application)

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Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER: 130611L006
CONTROL NUMBER: 11093874
DATE INC/AUTH/FILED: 12/15/2011
JURISDICTION: GEORGIA
PRINT DATE: 06/11/2013
FORM NUMBER: 211

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia,
do hereby certify under the seal of my office that

SINCLAIR JOE LEGACY FOUNDATION, INC.
A DOMESTIC NON-PROFIT CORPORATION

Was formed in the jurisdiction stated above or was authorized to
transact business in Georgia on the above date. Said entity is in
compliance with the applicable filing and annual registration
provisions of Title 14 of the Official Code of Georgia Annotated
and has not filed articles of dissolution, certificate of
cancellation or any other similar document with the office of the
Secretary of State.

This certificate relates only to the legal existence of the above-
named entity as of the date issued. It does not certify whether
or not a notice of intent to dissolve, an application for
withdrawal, a statement of commencement of winding up or any other
similar document has been filed or is pending with the Secretary
of State.

This certificate is issued pursuant to Title 14 of the Official
Code of Georgia Annotated and is prima-facie evidence that said
entity is in existence or is authorized to transact business in
this state.



B. P. Kemp
Brian P. Kemp
Secretary of State

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