

F150000000377

(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

FEB 2 2015

T. SCOTT



100268699401

02/02/15--01005--023 **70.00

RECEIVED
DEPARTMENT OF STATE
15 FEB -2 AM 11:20
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 FEB -2 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Chris Noland

Requester's Name

1000 Riverside Ave #115

Address

Jacksonville, FL 32204 904-355-1555

City/State/Zip

Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Role Models Foundation, Inc.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

5.

(Corporation Name)

(Document #)

6.

(Corporation Name)

(Document #)

7.

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified copy

☐ Mail out

☒ Will wait

☒ Photocopy

☐ Certificate of Status

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. ROLE MODELS 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.)

ROLE MODELS FOUNDATION OF THE FIRST COAST, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 56-2527330
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/23/2005 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. 435 Clark Road # 107 Jacksonville FL 32218
(Principal office address)

435 Clark Road # 107 Jacksonville FL 32218
(Current mailing address)

8. TO Provide services to low income families
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Krusha McFadden

Office Address: 435 Clark Road # 107
Jacksonville, Florida 32218
(City) (Zip Code)

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.

Krusha McFadden
(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB -2 AM 11:26

APPROVED
AND
FILED

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: DON JACKSON

Address: 2922 W. 8TH STREET
JACKSONVILLE FL 32254

Vice Chairman: BLAKE RIBER

Address: 4496 Southside Blvd
JACKSONVILLE Florida 32246

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DON JACKSON

Address: 2922 W. 8TH ST.
JACKSONVILLE Florida 32254

Vice President: DON JACKSON

Address: 2922 W. 8TH ST.
JACKSONVILLE FL 32254

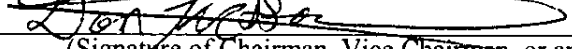
Secretary: BLAKE RIBER

Address: 4496 Southside Blvd Jacksonville FL 32246

Treasurer: BLAKE RIBER

Address: 4496 Southside Blvd Jacksonville FL 32246

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. DON B. JACKSON
(Typed or printed name and capacity of person signing application)

15 FEB -2 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVAL
AND
FILED

STATE OF GEORGIA

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

CONTROL NUMBER : 0500434
DATE INC/AUTH/FILED : December 27, 2004
JURISDICTION : Georgia
PRINT DATE : November 05, 2014

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

ROLE MODELS 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.



A handwritten signature in black ink, appearing to read "B: P. Kemp".

Brian P. Kemp
Secretary of State