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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

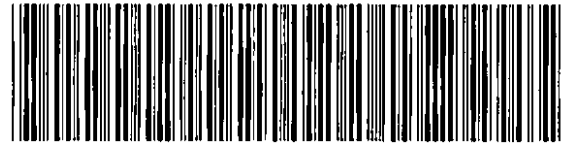
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2023 AUG 16 AM 9:33  
FALL COUNTY, MISSOURI

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cajun Relief 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:

Stacy Parker  
Name of Person

Cajun Relief Foundation, Inc.  
Firm/Company

1413 S Eugene St.

Baton Rouge, LA 70808  
Address  
City/State and Zip Code

jenniferjagneaux@gocajunnavy.org  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Jagneaux at (318) 510-1980  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Cann Relief 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Lowland 3. 51-3926021  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 5, 2016 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4400 A Ambassador Caffery Pkwy Ste #312 Lafayette LA 70508  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Disaster relief recovery and case management  
(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: Sharon Alloway

Office Address: 738 W. Kings College Drive

Saint Johns

(City)

Florida

32259

(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.



(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.

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2023 AUG 16 AM 9:53  
STATE OF FLORIDA  
TALLAHASSEE

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Bob Gaudet  
☐ Vice Chairman Address: 302 Elmwood Dr  
☐ Director Lafayette, LA 70503  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Robert Miller  
☐ Vice Chairman Address: 9100 Bluebonnet Center Blvd  
☐ Director Unit 102  
☐ President Baton Rouge, LA 70509  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: James Wood  
☐ Vice Chairman Address: 9248 Peterson Rd  
☒ Director St Francisville, LA 70775  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Sheila Proknett  
☐ Vice Chairman Address: 41 Audubon Oaks Blvd  
☒ Director Lafayette, LA 70506  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

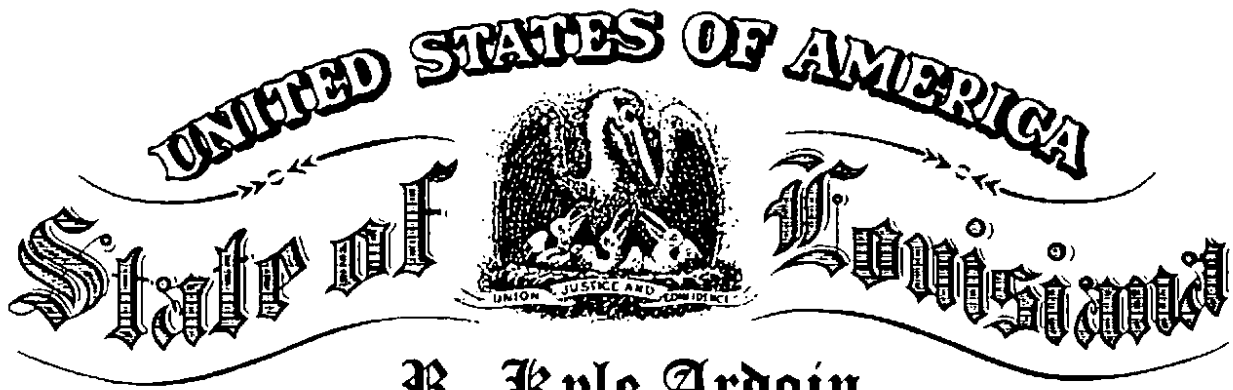
☐ Chairman Name: Jennifer Jagneaux  
☐ Vice Chairman Address: 302 Allen Ave.  
☒ Director Converse, LA 71419  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Jennifer Jagneaux, Director  
(Typed or printed name and capacity of person signing application)



**R. Kyle Ardoin**

SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Incorporation of

**CAJUN RELIEF FOUNDATION INC.**

Domiciled at BATON ROUGE, LOUISIANA,

Was filed in this Office and a Certificate of Incorporation was issued on September 29, 2016.

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 9, 2023

*Secretary of State*

Web 42407675N



Certificate ID: 11741950#73P83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

the attached document(s) of

**CAJUN RELIEF FOUNDATION INC.**

are true and correct and are filed in the Louisiana Secretary of State's Office.

42407675N ORIGF 9/29/2016 8 page(s)

In testimony whereof, I have hereunto set my  
hand and caused the Seal of my Office to be  
affixed at the City of Baton Rouge on,

June 9, 2023

*R. Kyle Ardoin*

*Secretary of State*  
WEB 42407675N



Certificate ID: 11741951#FGG62

To validate this certificate, visit the following  
web site, go to **Business Services**, **Search**  
**for Louisiana Business Filings**, **Validate a**  
**Certificate**, then follow the instructions  
displayed.

[www.sos.la.gov](http://www.sos.la.gov)