

F24000004413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

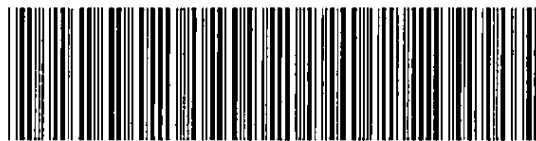
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAKE OWEN FOUNDATION

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:

ELIZABETH SLEDGE

Name of Person

JAKE OWEN FOUNDATION

Firm/Company

1222 DEMONBREUN STREET

SUITE 1225

Address

NASHVILLE, TN 37203

City/State and Zip Code

liz@jakeowenfoundation.org

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

For further information concerning this matter, please call:

LIZ SLEDGE

Name of Person

at (615)
Area Code

481-7300

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. JAKE OWEN FOUNDATION CORPORATION

(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. TENNESSEE, USA

(State or country under the law of which it is incorporated)

3. 27-3637791

(FEI number, if applicable)

4. OCTOBER 08, 2010

(Date of incorporation)

5. _____

(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. 1222 DEMONBRIEUN STREET SUITE 1225 NASHVILLE, TN 37203

(Principal office street address)

(Current mailing address, if different)

8. **CHARITABLE ACTIVITY**

(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: _____

RODGER L. PRIDGEON

Office Address: _____

3200 AIRPORT WEST DRIVE

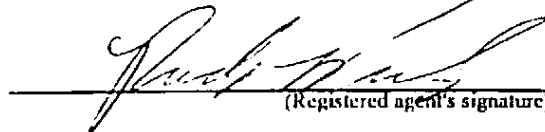
VERD BEACH
(City)

, Florida

32960
(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.

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: JOSHUA OWEN
☐ Vice Chairman Address: 1222 DEMONBREUN ST
☐ Director SUITE 1225
☒ President NASHVILLE, TN 37203
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: STEVE OWEN
☐ Vice Chairman Address: 1222 DEMONBREUN ST
☐ Director SUITE 1225
☐ President NASHVILLE, TN 37203
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: RYAN PARSONS
☐ Vice Chairman Address: 1222 DEMONBREUN ST
☐ Director SUITE 1225
☐ President NASHVILLE, TN 37203
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: BOARD OF DIRECTORS ☐ Other: _____

☐ Chairman Name: ELIZABETH SLEDGE
☐ Vice Chairman Address: 1222 DEMONBREUN ST
☐ Director SUITE 1225
☐ President NASHVILLE, TN 37203
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Executive Director ☐ Other: _____

☐ Chairman Name: KEITH GALE
☐ Vice Chairman Address: 1222 DEMONBREUN ST
☐ Director SUITE 1225
☐ President NASHVILLE, TN 37203
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: BOARD OF DIRECTORS ☐ 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. Elizabeth Sledge
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ELIZABETH SLEDGE - BOARD OF DIRECTORS
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ARTIST CLARITY INC.

July 23, 2024

TIM HORSLEY
STE 1225
1222 DEMONBREUN STREET
NASHVILLE, TN 37203

Request Type: Certificate of Existence/Authorization

Issuance Date: 07/23/2024

Request #: 0593425

Copies Requested: 1

Document Receipt

Receipt #: 009142548

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3878345044

\$20.00

Regarding: Jake Owen Foundation

Filing Type: Nonprofit Corporation - Domestic

Control #: 641950

Formation/Qualification Date: 10/08/2010

Date Formed: 10/08/2010

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Jake Owen Foundation

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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