

TRANSMITTAL LETTER

N01000003148

APPROVED
AND
FILED

01 MAY -4 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Phases of Life, ~~Inc~~ of Jacksonville, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Anthony Moore, Jr.
Name (Printed or typed)

12743 Camellia Bay Dr. E.
Address

Jacksonville, FL 32223
City, State & Zip

(904) 292-9275
Daytime Telephone number

100004136111--3
-05/04/01--01022--023
*****78.75 *****78.75

NOTE: Please provide the original and one copy of the articles.

4
Jb 5/4

ARTICLES OF INCORPORATION

OF

APPROVED
AND
FILED
01 MAY -4 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator(s) of a Corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation shall be: **Phases of Life, of Jacksonville, INC**

The principal place of business of this corporation shall be:
12743 Camellia Bay Dr. E., Jacksonville Florida 32223

ARTICLE II

The period of the duration of this corporation is perpetual unless dissolved according to law.

ARTICLE III

The purpose (purposes) for which the corporation is organized is (are):
The purpose is to empower youth with knowledge of life skills; to help build character and give guidance through a partnership between law enforcement, the community and the family.

ARTICLE IV

The qualifications for ~~directors~~ and the manner of their admission are:
Qualifications are provided for in the by-law.

ARTICLE V

The number constituting the initial Board of Directors of the corporation is three (3), and the names and addresses of the persons who are to serve initially are:

**Mr. Anthony Moore
12743 Camellia Bay Dr E.
Jax., Fl. 32223**

**Mr. Darryl Daniels
3559 Barell Springs Rd
Jax., Fl. 32073**

**Ms. Kim Lockley
11494 Daytona Ln. W.
Jax., Fl. 32218**

ARTICLE VI

This corporation is organized under a non-stock basis.

ARTICLE VII

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or Local Government for exclusive public purpose.

ARTICLE VIII

The name and address of each incorporator is:

Mr. Anthony Moore
12743 Camellia Bay Dr. E.
Jacksonville, Florida 32223

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 1 day of May, 2001.

Signature(s) of Incorporator(s)

Anthony Moore J.

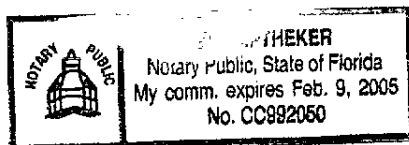
STATE OF FLORIDA

COUNTY OF Duval

THE FOREGOING instrument was acknowledged and sworn to before me this 1 day of May, 2001, by **Mr. Anthony Moore**
(Name of Incorporator)

of _____
Phases of Life,
(Name of Corporation)

(SEAL)



Heather Theker
Notary Public

My Commission Expires: 2-9-2005

CERTIFICATE DESIGNATING
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designing the registered office / registered agent, in the State of Florida.

1. The name of the corporation is: Phases of Life, of Jacksonville, INC.
2. The name and address of the registered agent and office is:

Mr. Anthony Moore
12743 Camellia Bay Dr. E.
Jacksonville, Florida 32223

SIGNATURE Anthony Moore
(Corporate Officer)

TITLE C.E.O

DATE 04-01-01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE Anthony Moore
(Registered Agent)

DATE 04-01-01

01 MAY -4 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED:
AND
FILED

REGISTERED AGENT FILING FEE: \$20.00