TRANSMITTAL LETTER

FILED

02 MAY -7 PM 2-33

SECRETALLAMASSEE, FLORIDA

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

SUBJECT:	Jacksonville Alliance, Inc.
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

*****72.50 *****78.75

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

ADDITIONAL COPY REQUIRED

904-764-5755 Daytime Telephone number

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

The name of the corporation shall be: Tacksonville Alliance, Inc-	FILED
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	02 MAY -7 PM 2: 33 SECRETALLA STATE TALLAHASSEE, FLORIDA
2360 Kings Rd, JAX. FL 32209	·ALLAHASSEE, FLORIDA
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Education a Housing	. •
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:	
As stated in the Bylaws	
The name and addresses: Monardon Karen Smiley, Director Charlene Diamond Pres. + Secretar Eugene Diamond V. Pres + Treas., 4143 W. Markin Dr. JAX FL 3	D.
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDR The name and Florida street address of the registered agent is:	<u>PESS</u>
Karen Smiley 11756 Cherry Bark Dr. E. JAXFL32 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	2218
Karen Smiley 11756 Cherry Bark Dr. E. JAS FL3: ************************************	2218
Having been named as registered agent to accept service of process for the above stated cor	poration at the place designated
in this certificate, I am familiar with and accept the appointment as registered agent and agent and agent and agent and agent and agent a	Date
Signature/Incorporator	$\frac{5/7/02}{\text{Date}}$

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)