

# N02000006395

## TRANSMITTAL LETTER

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

300007281023-4  
-08/22/02-01034-003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** DARYL POWERS FOUNDATION, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300007281023-4  
-08/22/02-01034-003  
\*\*\*\*\*78.75 \*\*\*\*\*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**

FROM: DARYL STRICKLAND  
Name (Printed or typed)  
PO BOX 150  
Address  
PONTE VEDRA, FL 32082  
City, State & Zip  
904-463-6875  
Daytime Telephone number

**FILED**  
02 AUG 22 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Am 8/22

# ARTICLES OF INCORPORATION

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

## **ARTICLE I NAME**

The name of the corporation shall be:

DARYL POWERS FOUNDATION, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

115 PROFESSIONAL DRIVE, SUITE 106 PONTE VEDRA, FL 32082

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Daryl Powe Foundation is a not-for-profit cultural and philanthropic organization that supports a broad range of projects, programs, and charitable events in our local communities.

## **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

There shall be an executive board of 3 who shall nominate and appoint future directors.

## **ARTICLE V INITIAL DIRECTORS/OFFICERS**

The name(s), address(es) and title(s):

DARYL STRICKLAND, CHAIRMAN  
1946 BEACHSIDE COURT  
ATLANTIC BEACH, FL 32233

## **ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

DARYL STRICKLAND  
115 PROFESSIONAL DR, SUITE 106  
PONTE VEDRA, FL 32082

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DARYL STRICKLAND  
115 PROFESSIONAL DR, SUITE 106  
PONTE VEDRA, FL 32082

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED  
02 AUG 22 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA