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(Requestor's Name)

(Address)

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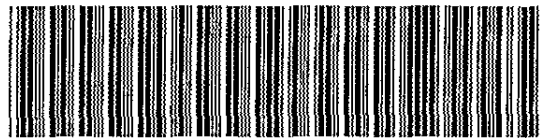
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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01/21/03 --01077--016 \*\*87.50

Special Instructions to Filing Officer: mark Patrick GAVE

AUTHORIZATION BY PHONE TO

CORREL. articles

DATE 1/28/03

DOC. BY D. White

✓ D. WHITE JAN 28 2003

Office Use Only

APPROVED  
AND  
FILED  
03 JAN 21 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Akha Harvest Foundation, 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

**ADDITIONAL COPY REQUIRED**

FROM: Mark Patrick, CPA  
Name (Printed or typed)

4029 Atlantic Boulevard  
Address

Jacksonville, FL 32207  
City, State & Zip

(904) 396-5400  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

APPROVED  
AND  
FILED

## ARTICLE I NAME

The name of the corporation shall be:

Akha Harvest Foundation, Inc.

03 JAN 21 PM 3:09

## ARTICLE II PRINCIPAL OFFICE

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

Akha Harvest Foundation, Inc.  
4029 Atlantic Boulevard  
Jacksonville, Florida 32207

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in charitable work benefitting orphans and tribal groups throughout Southeast Asia, and to educate others about the spiritual, physical and financial needs of these groups.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected ~~or~~ appointed:

Directors are elected.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

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

Pres.: Gary Spengler, 2400 Holland Rd., Suffolk, VA 23434  
Director/V.P.: David Simms, 107 Dogwood Ln., Radford, VA 2414  
Director/Treasurer: Ben Scofield, 804 Gittings St., Suffolk, VA 23434  
Secretary: Jesse McKay, 1856 Blue Ridge Dr., Jacksonville, FL 32246  
Director: Dr. Scott Wade, 4012 Peakland PL., Lynchburg, VA 24503

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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


Mark Patrick, CPA  
4029 Atlantic Boulevard  
Jacksonville, Florida 32207

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jesse McKay  
1856 Blue Ridge Drive  
Jacksonville, Florida 32246

\*\*\*\*\*  
*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

1/17/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/17/2003  
\_\_\_\_\_  
Date