-				
(Requestor's Name)				
(Address)				
, ,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
✓ D. WHITE MAR 1 9 2003				
·				

Office Use Only



200014106022

113/17/03--01085--022 **/8.75



TRANSMITTAL LETTER

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

SUBJECT: The	Friends Of	West Augustine	e, Inc.
	(PROPOSED CORPORATE N	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

12 \$78.75 Filing Fee &

Certificate of

Status

□\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Steve Croom S
Name (Printed or typed)

936 Erun Street

St. Augustine, FL 32084

(904) 825-4003 Daytime Telephone number

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

FILED

ARTICLES OF INCORPORATION

03 HAR 17 PM 4: 06

Non-Profit Corporation

SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned, desiring to form a corporation, not for profit, do hereby state the following:

FIRST, The name of said corporation shall be The Friends of West Augustine, Inc.

SECOND, The place in where its principal office is to be located is 10 N Holmes Blvd, St. Augustine, Florida 32084, St. Johns County.

THIRD, The purpose(s) for which this corporation is formed is: Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

To provide planning and implementation of programs, projects, and activities which serve to eliminate crime, the fear of crime, blight, the problem of no housing, the problem of illiteracy and the problems of alcohol, tobacco, and other drug abuse.

This will be accomplished through:

- 1. The presentation of educational programs;
- 2. The publication and distribution of literature concerning crime, the fear of crime, illiteracy, and the prevention of alcohol, tobacco, and substance abuse;
- The recruitment and training of community volunteers who would assist in the
 prevention of crime, the fear of crime, illiteracy, and the prevention of alcohol,
 tobacco, and substance abuse.
- 4. Encourage and provide incentives for appropriate economic development;
- 5. Support the creation and provision of affordable housing

FOURTH The manner in which the directors are elected or appointed is by majority vote of the current committee members.

FIFTH The name, address, and title of initial directors/officers are: Steve Crooms, President, 936 Ervin Street, St. Augustine, Florida 32084, St. Johns County; Greg White Vice President, 905 W. Pearl Street, St. Augustine, Florida 32084, St. Johns County; Lucellie Wells, Secretary, 800 W 2nd Street, St. Augustine, Florida 32084, St. Johns County.

SIXTH The name and Florida street address of the initial registered agent are: Steve Crooms, 936 Ervin Street, St. Augustine, Florida 32084, St. Johns County

FILED

SEVENTH The name and address of the Incorporator to these Articles of Incorporation are: Steve Crooms, President, 936 Ervin Street, St. Augustine, Profide PM 4: 06 32084.

SECRETARY OF STATE FALL AHASSEE FLORIDA

Signature/Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date