

**NO3000003466**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

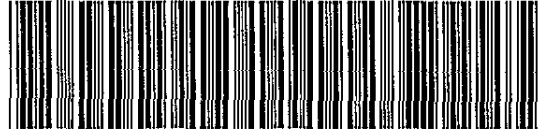
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Jacob Davis Fund, 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: Sherilyn Burris  
Name (Printed or typed)

922 Delores Drive  
Address

Tallahassee, FL 32301  
City, State & Zip

(850) 942-3910  
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)

## ARTICLE I NAME

The name of the corporation shall be:

Jacob Davis Fund, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

922 Delores Drive  
Tallahassee, FL 32301

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide toys and gifts to underprivileged, disabled,  
and terminally ill children

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are appointed by Sherilyn Burris.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

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

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sherilyn Burris : 922 Delores Drive  
Tallahassee, FL 32301

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sherilyn Burris: 922 Delores Drive  
Tallahassee, FL 32301

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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.

Sherilyn Burris  
Signature/Registered Agent

4/17/03  
Date

Sherilyn Burris  
Signature/Incorporator

4/17/03  
Date

03 APR 21 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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