

**N04000005944**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

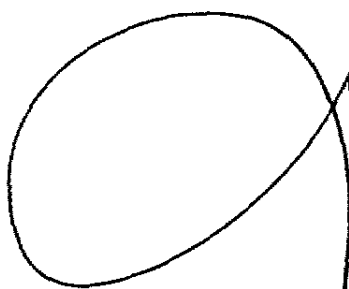
(Document Number)

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Certificates of Status \_\_\_\_\_

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06/15/04--01058--005 \*\*78.75

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2004 JUN 15 P 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Ocala Shakers,, 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: Jake Jacobson  
Name (Printed or typed)

9151 Southwest 94th Court  
Address

Ocala, Florida 34481  
City, State & Zip

352-237-2065  
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:

Ocala Shakers, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

9151 SW 94th Court  
Ocala, FL 34481

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Parkinson's Support Group

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Quadrennial election by members

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Jake Jacobson, Group Leader  
9151 SW 94th Court  
Ocala, FL 34481

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jake Jacobson  
9151 SW 94th Court  
Ocala, FL 34481

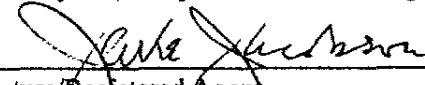
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jake Jacobson  
9151 SW 94th Court  
Ocala, FL 34481

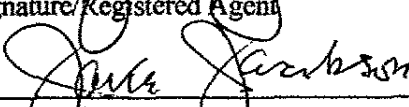
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Signature/Registered Agent

6/15/04

\_\_\_\_\_  
Date

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

6/15/04

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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