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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/30/05  
BWK

## COVER LETTER

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

**SUBJECT:** Jackson County Organization Committee, 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:** Jackie Stokes-Taylor  
Name (Printed or typed)

3187 Fourth Street  
Address

Marianna, Florida 32446  
City, State & Zip

850/526-3707  
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:

Jackson County Organization Committee, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

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

3187 Fourth Street, Marianna, Florida 32446

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Represent Jackson County in various pageants and parades

**ARTICLE IV MANNER OF ELECTION**

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

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Jackie Stokes-Taylor, 3187 Fourth Street, Marianna, Florida 32446 - President

Lisa Lawrence - 2917 Sand Ridge Road, Sneads, Florida 32460

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jackie Stokes-Taylor  
3187 Fourth Street  
Marianna, Florida 32446

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jackie Stokes-Taylor  
3187 Fourth Street  
Marianna, Florida 32446

\*\*\*\*\*

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

9-23-05  
\_\_\_\_\_  
Date

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

9-23-05  
\_\_\_\_\_  
Date