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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: Friends of the Libraries of St Johns County, dba Twice Sold Tales, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	and one(1) copy of the Artic	les 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	
		PY REQUIRED		
FROM:	Edith Mixon Name (Pri	nted or typed)	_	
	<u>.</u> "	are est		
	904-794-7970 Daytime Tel	ephone number		

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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

Division of Corporations

Corrected copy

December 1, 2005

EDITH MIXON 47 ANDULASIA CT. ST. AUGUSTINE, FL 32086

SUBJECT: FRIENDS OF THE LIBRARIES OF ST. JOHNS COUNTY, INC.

Ref. Number: W05000053221

We have received your document for FRIENDS OF THE LIBRARIES OF ST. JOHNS COUNTY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Document Specialist NEW FILINGS

Letter Number: 605A00069976

ARTICLES OF INCORPORATION

The Undersigned, acting as incorporator(s) of a Corporation pursuant to Chapter 617, Fig. Statutes, Adopt(s) the following Articles of Incorporation for such corporation.

ARTICLE 1

The name of the corporation is:

Friends of the Libraries of St Johns County, Inc.

ARTICLE II

The principal place of business and mailing address of the corporation:

6670 US 1 South, St Augustine, Florida 32086

ARTICLE III

The purpose or purposes for which the corporation is organized are:

- To foster closer relations between the library system and the citizens of St Johns County, Florida
- 2. To promote knowledge of the functions, resources, services and needs of the St Johns County Public Libraries.
 - 3. To assist in the development of library services and resources.

ARTICLE IV

The manner in which the Directors are elected or appointed.

The Friends of the Library from the Main Library, the Southeast Library, and the Hasting Library will each appoint two members to the Board of Directors. The Board of Directors will then elect a President and Treasurer.

ARTICLE V

The names, address and titles of the Directors/Officers (optional).

Name

Address

Edith Mixon (President)
Gail De Vries
Dulcy Freeman (Treasurer)
John Miller
Dolores Pritchett
Polly Johns

47 Andulasia Ct, St Augustine, FI 32086 200 4th Street, St Augustine, FI 32080 P.O. Box 4508, St Augustine, FI 32085 33 Andulasia Ct, St Augustine, FI 32086 104 Dancy, Hastings, FI 32145 6245 County Road 13 S, Hastings, FI 32145

ARTICLE VI

The name	and	Florida	ctraat	addrage	of the	initial	Registered	Acont
ine name	ana	rionga	sueeu	address	oi me	mudi	Registered	Agent

Edith Mixon

47 Andulasia Ct, St Augustine, FI 32086

ARTICLE VII

The name and address of the Incorporator.

Edie Mixon

47 Andulasia Ct, St Augustine, Fl 32086

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

Date 1 d-b-07

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLANASSEE, FLORIDA