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Special Instructions to Filing Officer:				
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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: The Hazel Boon Foundation, Inc.				
Enclosed is an original a	(PROPOSED CORPORATE			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate	
FROM: David Boon Name (Printed or typed) 437 E. Monroe St., Suite 100 Address				
Jacksonville, FL 32202 City, State & Zip				

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

Daytime Telephone number

904-358-3898

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

Part I

ARTICLE I NAME

The name of the corporation shall be:

06 MAY 30 PH 12: 00

The Hazel Boon Foundation, Inc.

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

437 E. Monroe St., Suite 100 Jacksonville, FL 32202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Hazel Boon Foundation is to provide college scholarships to current or perspective college students with financial hardships.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Elected by a simple majority vote of the surviving children of Hazel Boon.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Nancy Hancock - President 1601 N. Gains, Ennis, TX 75119 Hazel Tidwell - Secretary 1505 Munn Dr., Ennis, TX 75119 David Boon - Treasurer

ARTICLE VIE : IMPTAL REGISTERED TAGENT AND STREET ADDRESS 32202

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

David Boon 437 E. Monroe St., Suite 100 Jacksonville, FL 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Boon 437 E. Monroe St., Suite 100 Jacksonville, FL 32202

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Having been named as registered agent to accept service of process for the above	
in this certificate. I am familiar with and accept the appointment as registered ag	ent and agree to act in this capacity.
$\left( \right) $ $\mu$ $\ell$	
LA M L	05-25-04
Signature/Registered Agent	Date
Ont	05-25-06
Signature/Incorporator	Date