

N06000008345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

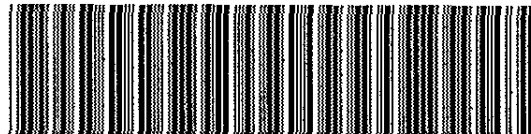
(Business Entity Name)

(Document Number)

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

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FILED  
06 AUG -7 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

28.8-8

July 28, 2006

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

Re: Organization Registration - My Sister's Keeper

To Whom It May Concern:

Enclosed are an original and one copy of information we are submitting to be accepted as a non profit group.


Because of other commitments and stress placed upon me, I am delayed in submitting our request to you.

In order to comply with deadline placed upon us by another group, validation of our efforts must be completed and returned to me by August 25, 2006. Your consideration of this request is deeply appreciated.

Please feel free to leave a voice message for me at: 352-273-0440, or at my home: 352-466-4032  
\* at home, leave a message after the 5<sup>th</sup> ring.

Thanking you in advance for your assistance at this time,

Sincerely,

  
Jacquelyn Jones  
My Sister's Keeper (Micanopy)

CK# 253 \$ 87.50  
Enclosed  
IN Fold of this Letter

*Original*

COVER LETTER

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

SUBJECT:

*My Sister's Keeper (MicAncoy)*  
(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

*chk#  
253*

FROM:

*Jacquelyn Jones*  
Name (Printed or typed)

*707 North Division Street*  
Address

*Micancoy, FL 32667*  
City, State & Zip

*(352) 273-0440 (w) Voice Mail*  
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:

*My Sister's Keeper Inc.*

**ARTICLE II PRINCIPAL OFFICE**

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

*707 N. Division Street - Micanopy, FL 32667  
(P.O. Box 15)*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*TO PROVIDE EMOTIONAL, SPIRITUAL, EDUCATIONAL SUPPORT  
TO LOW INCOME FAMILIES AND SENIOR CITIZENS IN THE COMMUNITY  
AND SURROUNDING AREAS*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*By Majority Vote of Membership and Support team*

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

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

*Jacquelyn Jones, President - P.O. Box 15 Micanopy, FL 32667  
Patsy R. Strobes - Member - P.O. Box 700 Micanopy, FL 32667  
Rev Stanley E. Strobes, SR, Support Team - P.O. Box 700 - Micanopy, FL 32667*

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

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

*Jacquelyn Jones  
707 North Division Street  
Micanopy, Florida 32667*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Jacquelyn Jones  
707 North Division Street  
Micanopy, FL 32667*

\*\*\*\*\*  
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.

*Jacquelyn Jones*  
\_\_\_\_\_  
Signature Registered Agent

*7/28/06*  
\_\_\_\_\_  
Date

*Jacquelyn Jones*  
\_\_\_\_\_  
Signature Incorporator

*7/28/06*  
\_\_\_\_\_  
Date