

NO6000008644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

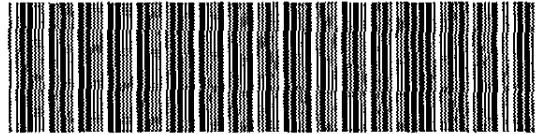
(Document Number)

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

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Office Use Only

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06 AUG 10 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers AUG 16 2006

## COVER LETTER

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

**SUBJECT:** adaptABLEjax, 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:** Laura Regier

Name (Printed or typed)

5125 Adanson St #500

Address

Orlando, FL 32804

City, State & Zip

800-370-2942

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

August 2, 2006

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: AdaptableJax, LLC

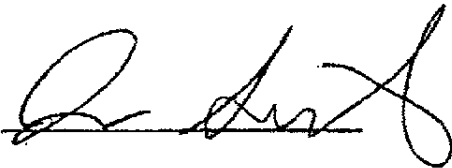
Attn: Filing Section

I am dissolving adaptABLEjax, LLC and forming a nonprofit corporation, adaptABLEjax, Inc. Please find the paperwork for the dissolution and the new Articles of Incorporation for the nonprofit attached to this letter along with the check for the dissolution and new filing.

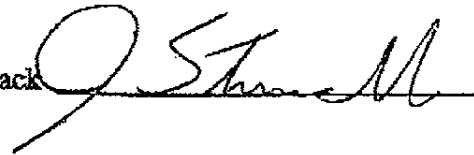
We are the same individuals who filed to create and will dissolve adaptABLEjax, LLC as who are filing to create adaptABLEjax, Inc. a nonprofit corporations. We will not be reinstating the entity adaptABLEjax, LLC.

Signed:

Jaime Smyth



Jennifer Stemack



Sincerely,

Jaime Smyth  
Encl

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:  
adaptABLEjax, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
218 Lora Street , Neptune Beach FL, 32266

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Provide activities for people with disabilities.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
Directors will be elected at the first annual meeting.

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

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

President - Jaime Smyth, 218 Lora Street, Neptune Beach FL, 32266  
Vice President - Jennifer Stemack, 218 Lora Street , Neptune Beach FL, 32266

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Jaime Smyth, 218 Lora Street, Neptune Beach FL, 32266

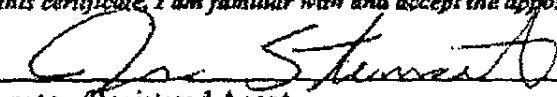
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

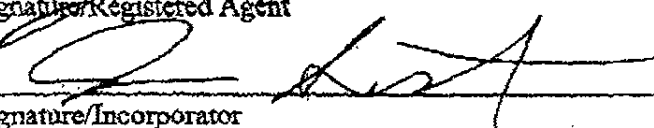
Jennifer Stemack, 218 Lora Street , Neptune Beach FL, 32266

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*  
Having been named as registered agents 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

8-3-6  
\_\_\_\_\_  
Date

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

8-3-6  
\_\_\_\_\_  
Date