

N08000003773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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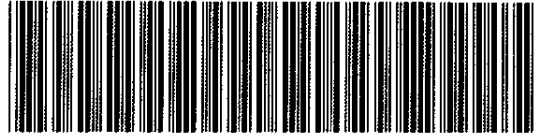
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 APR 17 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Lake City Joy Riders, II.

(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: Estralita Taylor
Name (Printed or typed)

203 NE Trinity Place
Address

Lake City, FL 32055
City, State & Zip

386.344.8449
Daytime Telephone number

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

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08 APR 17 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

Lake City Joy Riders, II. *Inc*

ARTICLE II PRINCIPAL OFFICE

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

151 NW Kimble Gln
Lake City, FL 32055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To meet the needs of the community. Assist the youth, senior citizens, and any & all concerns with in our organization. The Lake City Joy Riders, II. main mission is met annually during the month of December. We show & provide Christmas Spirit to underprivileged children in the community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

MajorityVote

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Title: P

Gabriel Kimble
151 NW Kimble Gln
Lake City, FL 32055

Title:VP

Johnny Jerry
4853 NW Lake Jeffery Road
Lake City, FL 32055

Title: Treasurer

Carlton Watson
11884 SR 47
Ft. White, FL 32038

Title: Scty

Est. Taylor T
203 NE Trinity
Place
Lake City, FL
32055

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Estralita Taylor
203 NE Trinity Place
Lake City, FL 32055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Estralita Taylor
203 NE Trinity Place
Lake City, FL 32055

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

2.05.2008

Date