

NO80000079 46

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300134806423

08/25/08--01030--006 \*\*78.75

FILED  
08 AUG 25 PM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/25

## COVER LETTER

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

SUBJECT: ADOPTION REUNION 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: PAMELA JEKEL  
Name (Printed or typed)

4530 S. PENINSULA DR.  
Address

PONCE INLET FL 32127  
City, State & Zip

(386) 767-9112  
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:

*ADOPTION REUNION INC*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*4530 S. PENINSULA DR. / PONCE INLET, FL 32127*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*PURPOSE IS TO REUNITE ADOPTED AND BIRTH PARENTS,  
BIRTH SIBLINGS, & BIRTH GRANDPARENTS.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*APPOINTED BY A MAJORITY OF EXISTING TRUSTEES.*

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

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

*PAMELA JEKEL, DIRECTOR, 4530 S. PENINSULA, PONCE INLET, FL 32127*  
*JACK RYAN, VICE DIRECTOR, 4530 S. PENINSULA, PONCE INLET, FL 32127*  
*LEAH KOONS, SECRETARY, 4530 S. PENINSULA, PONCE INLET, FL 32127*

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

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

*PAMELA JEKEL*  
*4530 S. PENINSULA, PONCE INLET, FL 32127*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*PAMELA JEKEL*  
*4530 S. PENINSULA, PONCE INLET, FL 32127*

\*\*\*\*\*

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

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

\_\_\_\_\_  
Date