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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Youth Arts Connection, 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: Casey Jacobson
Name (Printed or typed)

1524 Kingswood Road
Address

Jacksonville, FL 32207
City, State & Zip

561-723-0904
Daytime Telephone number

casey.c.jacobson@gmail.com
E-mail address (to be used for future annual report notification)

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:

Youth Arts Connection, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

1524 Kingswood Rd.
Jacksonville, FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide arts mentoring program for Duval County School students in elementary schools.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be appointed.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Casey Jacobson - (Director)
1524 Kingswood Road
Jacksonville, FL 32207

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Casey Jacobson
1524 Kingswood Rd
Jacksonville, FL 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Casey Jacobson
1524 Kingswood Road
Jacksonville, FL 32207

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.

Casey Jacobson
Signature/Registered Agent /INCORPORATOR

5-6-10
Date