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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

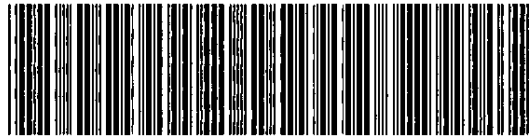
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 18 PM 4:34

APPROVED
AND
FILED



COVER LETTER

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

SUBJECT: Guardians of The Ribbon-Jacksonville Chapter 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: Jaime McPhilomy
Name (Printed or typed)

10797 Stanton Hills Dr. E.
Address

Jacksonville, Florida 32222
City, State & Zip

904-626-6227
Telephone number

jfrd@bellsouth.net
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: **Guardians of The Ribbon-Jacksonville Chapter Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
10797 Stanton Hills Dr. E.
Jacksonville, Florida 32222

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cancer Fund Raising

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Jaime McPhilomy President**
Address: 10797 Stanton Hills Dr. East
Jacksonville, Florida 32222

Name and Title: _____
Address: _____

Name and Title: **William Futch Vice-President**
Address: 1733 Chalet Street
Orange Park, Florida 32003

Name and Title: _____
Address: _____

Name and Title: **Stacey McPhilomy Secretary/Treasurer**
Address: 10797 Stanton Hills Dr. E.
Jacksonville, Florida 32222

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jaime McPhilomy
Address: 10797 Stanton Hills Dr. E.
Jacksonville, Florida 32222

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jaime McPhilomy
Address: 10797 Stanton Hills Dr. E.
Jacksonville, Florida 32222

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

Jaime D. McPhilomy Jaime D. McPhilomy
Required Signature of Registered Agent

01/13/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jaime D. McPhilomy Jaime D. McPhilomy
Required Signature of Incorporator

01/13/2011

Date