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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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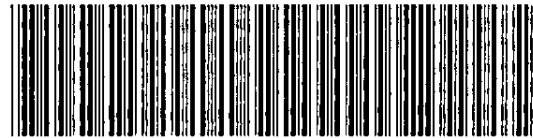
(Business Entity Name)

(Document Number)

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2011 MAR -7 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **JACKSONVILLE TRAVERLERS RIDING CLUB, 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: **JOYCE WILLIAMS**
Name (Printed or typed)

6301 MONCRIEF ROAD WEST
Address

JACKSONVILLE, FLORIDA 32219
City, State & Zip

6301 MONCRIEF ROAD Phone number

joyceMW@coj.net

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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:

JACKSONVILLE TRAVELERS RIDING CLUB

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

6301 MONCRIEF RD W

JACKSONVILLE FLORIDA 32219

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Mailing address, if different is:

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROMOTE THE ART OF MOTORCYCLE RIDING

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

THE OFFICERS WERE ELECTED BY THE MEMBERS OF THE CLUB

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN AMPY - PRESIDENT

Address: 9431 MADISON ST

JACKSONVILLE, FLORIDA 32208

Name and Title: JOYCE WILLIAMS - SECRETARTY

Address: 6301 MONCRIEF ROAD WEST

JACKSONVILLE, FLORIDA 32219

Name and Title: IRA DUNN - VICE PRESIDENT

Address: 7444 JERRY AVE

JACKSONVILLE, FLORIDA 32219

Name and Title:

Address:

Name and Title:

Address:

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: JOYCE WILLIAMS

Address: 6301 MONCRIEF ROAD

JACKSONVILLE, FLORIDA 32219

ARTICLE VII INCORPORATOR

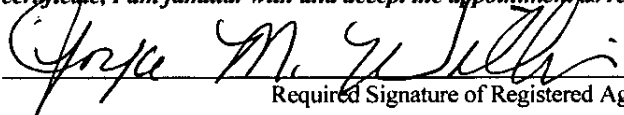
The name and address of the Incorporator is:

Name: JOHN AMPY

Address: 9431 MADISON ST

JACKSONVILLE, FLORIDA 32208

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


Required Signature of Registered Agent

02/28/2011
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.


Required Signature of Incorporator

02/28/2011
Date