

N11000005650

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☐ PICK-UP

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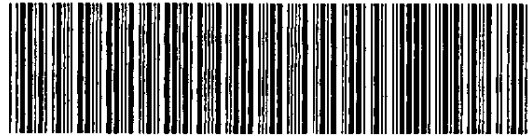
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513-531-

W11000024325



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04/29/11--01022--025 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATION
2011 JUN -9 PM 2:52

g 6/10/11

COVER LETTER

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

SUBJECT: **OAKS AT DURKEEVILLE RMC**

(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: **Cynthia D. Smith**

Name (Printed or typed)

1605 N. Myrtle Ave. Apt # 29

Address

Jacksonville, FL 32209

City, State & Zip

(904) 554-9504

Daytime Telephone number

carol.miller@jaxlegalaid.org

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

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DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2011

CYNTHIA D. SMITH
1605 N. MYRTLE AVENUE
APT. #29
JACKSONVILLE, FL 32209

SUBJECT: OAKS AT DURKEEVILLE RMC
Ref. Number: W11000024325

We have received your document for OAKS AT DURKEEVILLE RMC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 511A00010603

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

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DIVISION OF CORPORATIONS

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ARTICLE I NAME:

The name of the corporation shall be: Oaks at Durkeeville Resident Management Corporation

ARTICLE II PRINCIPAL OFFICE

Principal Street Address:
1202 McConihe Street
Jacksonville, FL 32209

Mailing address, if different is:
1605 N. Myrtle Ave. #29
Jacksonville, FL 32209

ARTICLE III PURPOSE

The purpose for which the organization is organized is: to implement, plan, organize and bring in educational, charitable, and social progress that benefit the needs of Oaks at Durkeeville residents, including children. We are also informing residents of any and all changes by JHA, including Admissions and Occupancy Policies, lease changes and the Five (5) Year Plan of JHA.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The affairs of Oaks at Durkeeville Resident Management Corporation will be managed by a Board of Directors of not less than five (5) but not more than seven (7) directors, who shall be members of Oaks at Durkeeville Resident Management Corporation. All directors shall be voting members of Oaks at Durkeeville Resident Management Corporation. Nominations may be made by the Nominations committee or alternatively from the floor by members at the annual meeting and seconded by at least two members at the meeting. All members will be notified of upcoming elections at least thirty (30) days prior to the date of the elections. The voting members may cast one vote with respect to each director. All directors and officers will be elected for a term of three years. The election of directors shall take place at the regular meeting of the members in March and each odd numbered year thereafter.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ruth Brown, President
Address: 1605 N. Myrtle Ave #37
Jacksonville, FL 32209

Name and Title: Alice Melton, Vice-President
1605 N. Myrtle Ave #17
Jacksonville, FL 32209

Name and Title: Cynthia Smith, Secretary
Address: 1605 N. Myrtle Ave #29
Jacksonville, FL 32209

Name and Title: Johnnie Mae Shanks, Treasurer
1605 Myrtle Ave # 40
Jacksonville, FL 32209

Name and Title: Tereatha Curtis, Chaplain
1605 N. Myrtle Ave #18
Jacksonville, FL 32209

Name and Title: Brenda Holmes, Parliamentarian
1102 W 7th St, #2
Jacksonville, FL 32209

ARTICLE VI REGISTERED AGENT

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

Name: Cynthia D Smith
Address: 1605 N Myrtle Ave #29
Jacksonville, FL 32209

ARTICLE VII - DISSOLUTION

The Corporation may be dissolved with the assent given in writing and signed by not less than seventy-five percent (75%) of the directors. Upon dissolution of the Corporation, the assets of the Corporation remaining after payment of all debts and liabilities shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code or any corresponding section of any future federal tax code or shall be distributed for a public purpose to the federal government, a state or local government or to an organization recognized as exempt under section 501(c)(3) of the Internal Revenue Code to be used exclusively for charitable and educational purposes. The Circuit Court of the county in which the principal office of the organization is located, shall dispose of any assets not disposed of, exclusively for such purposes or to such organization(s) as said court shall determine is organized and operated exclusively for such purposes, upon petition thereof by the Attorney General or by any person concerned in the liquidation.

ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

Name: Ruth Brown
Address: 1605 N Myrtle Ave #37
Jacksonville, FL 32209

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

Cynthia D. Smith

Required Signature of Registered Agent

4-28-2011

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.

Ruth E. Brown

Required Signature of Incorporator

04/28/11

Date

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DIVISION OF CORPORATIONS
2011 JUN -9 PM 2:59

STATE OF FLORIDA]

COUNTY OF DUVAL]

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Ruth Brown, who is personally known to me known or who has produced Driver Licenses as identification and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 28th day of April, 2011.

State of FL
County of Duval

Vickey W. Murphy

NOTARY PUBLIC STATE OF FLORIDA

Print Name:

My Commission Expires:

