N12000010236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

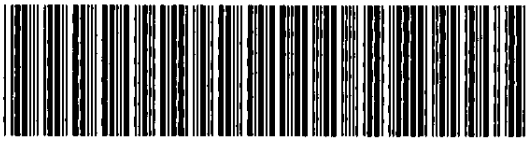
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700241046337

10/26/12--01016--004 **70.00

FILED
12 OCT 26 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR 10/29/12

COVER LETTER

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

SUBJECT: Hens In Jax, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

- [X] $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: Robert H. Davis
Name (Printed or typed)

1037 W. Ocean ST
Address

Jacksonville, FL 32204
City, State & Zip

904-355-5575
Daytime Telephone number

stdfood@aol.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: Hens In Jax, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1037 Wilcox ST
Jacksonville, FL 32204

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To change existing local ordinances to allow Hens on private property in Jacksonville. To promote AND Protect the CARE AND FEEDING OF HENS.

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: Robert H. DAVIS
Address: 1037 Wilcox ST
Jacksonville, FL 32204

Name and Title:
Address:

Name and Title: LAUREN TRAD
Address: 3680 Rustic LN
Jacksonville, FL 32217

Name and Title:
Address:

Name and Title: Karen DAVIS
Address: 910 3rd St-A
Neptune Bch, FL 32266

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: Robert H. DAVIS
Address: 1037 Wilcox ST
Jacksonville, FL
32204

FILED
12 OCT 26 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert H. DAVIS
Address: 1037 Wilcox ST
Jacksonville, FL 32204

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 — Date: 10/15/12

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 — Date: 10/15/12