N1200010991

(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.				
AUTHORIZATION BY PHONE TO				
dade effective date				

Office Use Only



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Ps 11/26/1

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12 NOV 21 AM 10: 14

SECREJARY OF STATE

COVER LETTER

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

BJECT:				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
			•	
1	J (1)£4h A		a abaals fan i	
losed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a cneck for:	
\$70.00	\$78.75	□\$78.75	\$87.50	
Filing Fee				
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
Filing Fee	Filing Fee & Certificate of	Filing Fee & Certified Copy	•	
Filing Fee		~	Filing Fee, Certified Copy & Certificate	

Guardians of Ribbon Jackson County Chapter, Inc.

Philip Meadows

Name (Printed or typed)

3559 Veteran Road

Address

Cottondale, FL 32431

City, State & Zip

850-573-0228

Daytime Telephone number

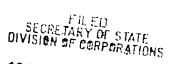
plmbm@hughes.net

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 N The name of the corp	IAME oration shall be: Guardians of the Ribbon	Jackson County	Chapter, Inc. ¹⁾² NOV 21 AM IO: 14
ARTICLE II P	RINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	3559 Veteran Road		
	Cottondale, FL 32431		

ARTICLE III	PURPOSE	7.1	FECTIVE DATE 1-2-13
	ch the corporation is organized is:	غ وأن بدياً عاج	Santa harman and the santa and
	ucation and activities in ther field of 0	ancer Awareness	We will hold fundraisers and
T .	eds to help woment pay bills, medica		
•	may be struggling.	00 payo, 1000a.c	artaror gorrorar mandat noip
ARTICLE IV	MANNER OF ELECTION The manner in w	hich the directors are ele	cted and appointed;
WC'VU6 V	af electron of the	incopore en	cted and appointed: all be Stated IN the
ARTICLE VIL	INITIAL OFFICERS AND/OR DIRECTOR	8	
	:Philip Meadows-Presiden		
Address:	3559 Voteran Road	Address:	
	Cottondale, 71 32+31		
Name and Title	: Josh w. Iliams - V Presiden	Name and Title:	
Address:	3559 Vakran Boad	Address:	
	Cattorale, 77 32431		
			
Name and Title	:	Name and Title:	
Address:			
	44,444	******	
ARTICLE VI	REGISTERED AGENT		
	da street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Philip Meadows		
Address:	3559 Veteran Road Cottondale, Ft. 32431		
	COMMINION, 1 & 32431		
			
	NCORPORATOR		
Name:	ss of the Incorporator is:		
Address:	3559 Veteran Road		
	Cottondale, FL 32431		
-CC h		2213	
Ettech ve	as registered agent to accept service of process	2013	ornaration at the place designated in this
certificate. I am fami	liar with and accept the appointment as register	d agent and agree to ac	t in this capacity , ,
1 1/20.	() 0/1/4	5 6 • • • •	1//1/12
WW.	Ob Mukeus		_// //b//🖂
\rightarrow	Required Signature of Registered Agent		Date
Tanakanda dhin da	and and allian that the last age of the second	. I am arman that t	also information sykmitted in a document
	nt and affirm that the facts stated herein are tru State constitutes a third degree felony as provide		шэс туттишт заотинги т и аоситет
		-	

Required Signature of Incorporator