

N130002229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

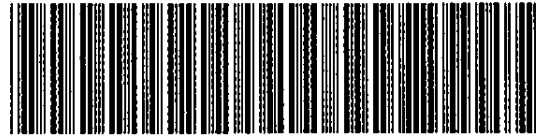
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR -7 PM 2:41

Ps 3/8/13

**COVER LETTER**

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

**SUBJECT: RJ's Cafe**

**(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: Robert E. Johnson**

Name (Printed or typed)

**3400 Townsend Blvd, Apt 137**

Address

**Jacksonville, FL 32277**

City, State & Zip

**904-245-9355**

Daytime Telephone number

**rjs.cafe@yahoo.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

RJ's Cafe Inc13 MAR -7 PM 2:41**ARTICLE II PRINCIPAL OFFICE**Principal street address:3400 Townsend BlvdApt 137Jacksonville, FL 32277

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of RJ's Cafe is to respond to the  
needs of people in Jacksonville, FL by 1) providing meals to all those who are  
hungry; 2) provide services to encourage self-sufficiency and improving the  
quality of life; 3) informing the wider community of the needs of the hungry; and  
4) advocate for resources to meet those needs.

**ARTICLE IV MANNER OF ELECTION**The manner in which the directors are elected and appointed: The Boardshall be nominated every two years and shall be selected by a majority vote. Board will serve for a two-year period.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Robert E. Johnson, Chief Executive Director

Address:

3400 Townsend BlvdApt 137Jacksonville, FL 32277Name and Title: Juarez C. Desmukes, Assist Director

Address:

2210 Adams Place NESuite 2Washington, DC 20018Name and Title: Deborah Love, Secretary/Treasurer

Address:

414 SE 8th StreetApt GGainesville, FL 32601Name and Title: Devin Reid, Director

Address:

2210 Adams Place NESuite 2Washington, DC 20018

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Address \_\_\_\_\_

Address: \_\_\_\_\_

13 MAR - 7 PM 2:41

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

Name:

Robert E. Johnson

Address:

3200 Townsend Blvd, Apt 137Jacksonville, FL 32277**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

Robert E. Johnson

Address:

3200 Townsend Blvd. Apt 137Jacksonville, FL 32277

*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*

Robert Eugene Johnson

Required Signature of Registered Agent

03/04/2013

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.*

Robert Eugene Johnson

Required Signature of Incorporator

03/04/2013

Date