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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

3 BUREAU APR 2 2013

## COVER LETTER

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

SUBJECT: **CBV Cares, 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: **Jamie Huggins**  
Name (Printed or typed)

**3168 US Hwy 17 Ste. A**  
Address

**Fleming Island, FL 32003**  
City, State & Zip

**(904) 703-5522**  
Daytime Telephone number

**ltdceuce@gmail.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: CBV Cares, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
3168 US Hwy 17 Ste. A

Fleming Island, FL 32003

Mailing address, if different is:

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TALLAHASSEE, FL  
SECRETARY OF STATE

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: This is a non-profit charitable fund.

The organization is designed to raise money and allocate the collected funds  
to local 501c3 charitable organizations.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: appointed by the  
chairman of the board and confirmed by majority vote of the sitting board of directors.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jamie Huggins, Chairman  
Address: 1852 Hickory Trace  
Fleming Island, FL 32003

Name and Title: Mona Gardella, Treasurer  
Address: 1903 Summit Ridge Rd  
Fleming Island, FL 32003

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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: Jamie Huggins

Address: 1852 Hickory Trace  
Fleming Island, FL 32003

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jamie Huggins

Address: 1852 Hickory Trace  
Fleming Island, FL 32003

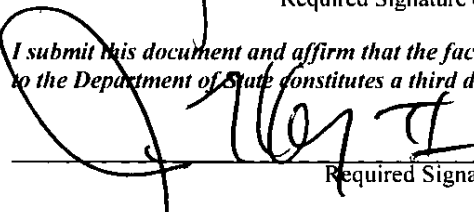
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

3/27/03

\_\_\_\_\_  
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

3/27/03

\_\_\_\_\_  
Date

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TALLAHASSEE