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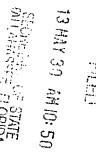
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COVER LETTER

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

SUBJECT: Take Stock In Children of Nassau County, 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: Creighton G. Hoffman

Name (Printed or typed)

8360 Sanctuary Lane

Address

Amelia Island, FL 32034

City, State & Zip

781-760-2955

Daytime Telephone number

corkyhoffman@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)

		n Children of Nassau County The		_		
836	PRINCIPAL OFFICE Principal street address: O Sanctuary Lane	Mailing address, if different is:	Mailing address, if different is:			
Am	nelia Island, FL 32034		·			
1. Recru	or which the corporation is organized is: uit and select children for th	e Take Stock In Children program				
******		d provide appropriate assistance during their time in triships and student mentoring and				
ARTICLE 1	a majority vote of the directors p		Shakara OF STATE FALLS WASSEL FLORIDA	13 MAY 30 AH 10: 50		
Name and Title	Creighton G. Hoffman,Treasurer 8360 Sanctuary Lane Amelia Island, FL 32034	Name and Title: Address:	- - -			
Name and Title	Andrea Hoffman, Director 8360 Sanctuary Lane Amelia Island, FL 32034	Name and Title: Address:	- - -			

Name and Title:_	N	lame and Title:		<u> </u>			
Address	A	Address:					
Name and Title: Address	N						
ARTICLE VI The name and Flo	registered AGENT orida street address (P.O. Box NOT acceptal Creighton G. Hoffman	ble) of the regis	stered agent is:				
Address:	8360 Sanctuary Lane Amelia Island, FL 32034	4					
	INCORPORATOR dress of the Incorporator is: Creighton G. Hoffman				SECTION :		f age
Name: Address:	8360 Sanctuary Lane	<u> </u>					5
	Amelia Island, FL 3203	4			STATE	AH 10: 50	
certificate, I am fa	ned as registered agent to accept service of amiliar with and accept the appointment as real Required Signature of Registered Agent	egistered agent				ated in	this
	ment and affirm that the facts stated herein of State constitutes a third degree felony as particular of Required Signature of Incorpor	are true. I am o provided for in		e information sub	mitted in	a docur	nent