

N13000006922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

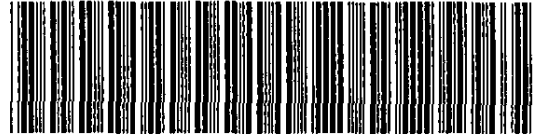
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

John Moss ONE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 8/5/13
DOC. EXAM MRS

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07/31/13--01025--001 **70.00

FILED
13 JUL 31 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/5/13

COVER LETTER

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

SUBJECT: Koren's Cavalry, 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: John B. Moss

Name (Printed or typed)

1530 Business Center Dr., Suite 4

Address

Fleming Island, FL. 32003

City, State & Zip

(904) 278-8200

Daytime Telephone number

jmosse@headmossefulton.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: Koren's Cavalry, Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1120 17th Street North

Mailing address, if different is:

Jacksonville Beach, FL. 32250

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to bring awareness of downs syndrome children's needs.

Another purpose is to get and assist in fund raising purposes for children with
downs syndrome. The final purpose is to do anything and all things whatsoever to help children
with special needs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As provided in the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Robert Adam Nodine- P/D</u>	Name and Title:	<u>Byron E. McWhirter- VP/D</u>
Address	<u>1120 17th Street North</u>	Address:	<u>1120 17th Street North</u>
	<u>Jacksonville Beach, FL. 32250</u>		<u>Jacksonville Beach, FL. 32250</u>

Name and Title:	<u>Clifford M. White- S/D</u>	Name and Title:	<u>Kyle Dylan English- T</u>
Address	<u>1120 17th Street North</u>	Address:	<u>1120 17th Street North</u>
	<u>Jacksonville Beach, FL. 32250</u>		<u>Jacksonville Beach, FL. 32250</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title: _____

Name and Title: _____

FILED

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Adam Nodine
Address: 1120 17th Street North
Jacksonville Beach, FL. 32250

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Adam Nodine
Address: 1120 17th Street North
Jacksonville Beach, FL. 32250

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 Adam Nodine
Required Signature of Registered Agent

7.23.13

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 Adam Nodine
Required Signature of Incorporator

7.23.13

Date