

12/4/2013 10:47:12 from: 685017681

Division of Corporations

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
TOJ Nonprofit Partners, Inc.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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MD 12/5

COVER LETTER

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

SUBJECT: TOJ Nonprofit Partners, 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: Deborah J. Stouff
Name (Printed or typed)

911 N. Studebaker Road
Address

Long Beach, CA 90815-4900
City, State & Zip

562/257-5314
Daytime Telephone number

deborah.stouff@rhf.org
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 NAMEThe name of the corporation shall be: TOJ Nonprofit Partners, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:1400 Lebaron AvenueJacksonville, FL 32207-8198

Mailing address, if different is:

c/o RHF911 N. Studebaker RoadLong Beach, CA 90815**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Charitable. To foster low-income housing and to provide low-income elderly persons with housing facilities and services specially designed to meet their physical, social, and psychological needs and to promote their health, security, happiness and usefulness in longer living, the charges for such facilities and services to be predicated upon the provision, maintenance and operation thereof on a nonprofit basis.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Each member nominates directors to be elected annually.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Laverne R. Joseph, President</u>	Name and Title:	<u>Tom S. Masuda, Treasurer & Director</u>
Address:	<u>c/o RHF</u>	Address:	<u>c/o RHF</u>
	<u>911 N. Studebaker Road</u>		<u>911 N. Studebaker Road</u>
	<u>Long Beach, CA 90815</u>		<u>Long Beach, CA 90815</u>
Name and Title:	<u>Deborah J. Stouff, Secretary</u>	Name and Title:	<u>Raymond East, Director</u>
Address:	<u>c/o RHF</u>	Address:	<u>c/o RHF</u>
	<u>911 N. Studebaker Road</u>		<u>911 N. Studebaker Road</u>
	<u>Long Beach, CA 90815</u>		<u>Long Beach, CA 90815</u>
Name and Title:	<u>Darryl M. Sexton, VP & Director</u>	Name and Title:	<u>Stewart M. Simington, Director</u>
Address:	<u>c/o RHF</u>	Address:	<u>c/o RHF</u>
	<u>911 N. Studebaker Road</u>		<u>911 N. Studebaker Road</u>
	<u>Long Beach, CA 90815</u>		<u>Long Beach, CA 90815</u>

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TALLAHASSEE, FLORIDA

Name and Title: John E. Trnka, Director
Address: c/o RHF
911 N. Studebaker Road
Long Beach, CA 90815

Name and Title: John A. Mitchell, III, Director
Address: 4444 Catheys Club Lane
Jacksonville, FL 32224

PLEASE
SEE
CONTINUATION
PAGE

Name and Title: Danny Edwards, Director
Address: 9908 Vineyard Lake Drive
Jacksonville, FL 32256

Name and Title: Stephen Cumella, Director
Address: 1438 Lakewood Drive
Jacksonville, FL 32207

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

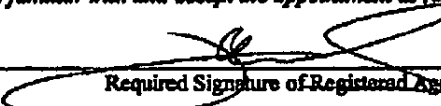
Name: National Registered Agents, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Deborah J. Stouff
Address: c/o RHF, 911 N. Studebaker Road
Long Beach, CA 90815-4900

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

12/3/13
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.


Required Signature of Incorporator

11/27/2013
Date

Name and Title: Robert R. Higginbotham, Director Name and Title: _____
Address: 7720 Deerwood Point Circle Address: _____
Jacksonville, FL 32256 _____

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

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TALLAHASSEE, FLORIDA

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Name: National Registered Agents, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Deborah J. Stouff
Address: c/o RHF, 911 N. Studebaker Road
Long Beach, CA 90815-4900

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

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.817.135, F.S.

Deborah J. Stouff

Required Signature of Incorporator

11/27/2013

Date