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COVER LETTER

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

_{suвјест:} Gastr	ojax Inc.
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

☐ \$70.00 ☐ \$78.75

Filing Fee & Certificate of Status

□\$78.75
Filing Fee
& Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Erin Thursby	
1 10141.	Name (Printed or typed) 4609 Appleton Ave Address	
	Jacksonville, FL 32210	
	City, State & Zip	
	352-207-4450	
	Daytime Telephone number	

scopes1925@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	S., (Not for Profit)	7
ARTICLE I	NAME corporation shall be: Gastrojax II	nc.	LLARE	PR TI
ARTICLE II	PRINCIPAL OFFICE		ASS	28
4001045	Principal street address:		Mailing address, if different is:	平川
460	9 Appleton Ave		Walning address, it different is.	ين إ
Jac	cksonville, FL 32210		ਕੈ.ਹਿਨ A	3
ARTICLE III	PURPOSE r which the corporation is organized is:	ering and pro	eserving cusine-based culture,	educating
the public abo	out local food and beverage sources, local	al restaurants a	nd North Florida dishes. This Corpora	ation is
is organized e	exclusively for charitable and educational	purposes, as o	defined under section 501 (c) (3) of the	e Internal
Revenue Coo	te or any corresponding code section of	any future tax c	ode, including for such purposes as ti	ne making of
distributions t	o other 501(c)(3) qualified organizations.	Should Gastro	jax Inc. dissolve, remaining assets aff	ter debt
resolution will t	pe distributed to 501(c)(3) qualified organization	ons, determined	by the voting board of Gastrojax Inc.,	
or, should the	re be no quorum, assets will be distribute	ed to federal, st	tate, or local government for public pu	rpose.
ADDIOLD TO	MANNER OF ELECTION The ma		director are elected and ennointed. by	vote, via
voting members	and as set out in bylaws. Bylaws will be determined			
				
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title	Anna Rabhan Director of Vegetable Affairs, voting	Name and Title	Rachel Henley Creative Director, voting	
Address	14202 Big Spring Street	Address:	3569 Oak Street	
Address	Jacksonville, FL 32258	rudi ess.	Jacksonville, FL 32205	
Name and Title	Nethaniel Price Director of Back of House Affairs, voting	Name and Title	Erin Thursby Executive Director, Chairman, non-voting	
Address	1007 Acosta Street #7	Address:	4609 Appleton Avenue	
-	Jacksonville, FL 32204	>	Jacksonville, FL 32210	
Name and Title	Jessica Fields Director of Libations, voting	Name and Title	Kamron Perry, Treasurer, non-voting	
Address	1325 Donald Street # 4	Address:	226 West 9th Street	
-	Jacksonville, FL 32205	_ 10mm ang/	Jacksonville, FL 32206	

Name and Title:		Name and Title:	-
Address		Address:	- -
		Name and Title:Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT rida street address (P.O. Box NOT accept Will Henley	table) of the registered agent is:	14 APR 28
Address:	5353 Arlington Expressway #2 Jacksonville, FL 322		ED PM 3: 03
ARTICLE VII	INCORPORATOR		
The name and add	ress of the Incorporator is:		
Name:	Erin Thursby		
Address:	4609 Appleton Aver	nue	
	Jacksonville, FL 322	211	
Having been name certificate, I am fa	ed as registered agent to accept service of miliar with and accept the appointment as	f process for the above stated corporation at the place registered agent and agree to act in this capacity	,
WW	Required Signature of Registered A	Agent OL/2L/	14
I submit this document to the Department	nent and affirm that the facts stated herei of State constitutes a third degree felony a	n are true. I am aware that any false information submi s provided for in s.817.155, F.S.	tted in a document
Em [huxley Required Signature of Incorp	$\frac{04/24}{\text{Date}}$	14_

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