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(Requestor's Name)

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(City/State/Zip/Phone #)

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☐ MAIL

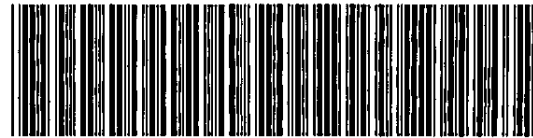
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

9/4/14

## COVER LETTER

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

SUBJECT: **S.J.R.A., 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: **Joy Papy**

Name (Printed or typed)

**4912 NW 27th. Ave**

Address

**Ocala, Fl. 34475**

City, State & Zip

**352-266-0054**

Daytime Telephone number

**coltcc98@embarqmail.com**

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: S.J.R.A., Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
4912 NW 27th. Ave.

Ocala, Fl. 34475

Mailing address, if different is  
Same as principle

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To promote the sport of rodeo for youth in  
north Florida and south Georgia.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Membership  
elections

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

Name and Title: President Pat Ciacco  
Address: 8939 Shenandoah Run  
Wesley Chapel, Fl.  
33544

Name and Title: Secretary Misty Easler  
Address: 4647 NW 63rd. Ave.  
Jennings, Fl.  
32053

Name and Title: V.P. Wyatt Papy  
Address: 4912 NW 27th Ave.  
Ocala, Fl.  
34475

Name and Title: Treasurer Joy Papy  
Address: 4912 NW 27th Ave.  
Ocala, Fl.  
34475

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

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

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

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: Eddie Brannon

Address: 10113 W US 27

Mayo, Fl. 32066

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eddie Brannon

Address: 10113 W. US 27

Mayo, Fl. 32066

*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*

Eddie Brannon  
Required Signature of Registered Agent

8/  
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.*

Eddie Brannon  
Required Signature of Incorporator

8/  
Date