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(Business Entity Name)

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TALLAHASSEE, FLORIDA

W14 - 60033

10/23/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2014

BARBARA JONES  
10301 WOOD SORREL COURT  
UPPER MARLBORO, MD 20772

SUBJECT: JAMBAR888, INC.  
Ref. Number: W14000060033

We have received your document for JAMBAR888, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00021061

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **JAMBAR888, 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: **Barbara Jones**  
Name (Printed or typed)

**10301 Wood Sorrel Court**  
Address

**Upper Marlboro, MD 20772**  
City, State & Zip

**(301) 599-1937**  
Daytime Telephone number

**attorneybjones@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)

**ARTICLE I    NAME**

The name of the corporation shall be: JAMBAR888, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal ~~street~~ address:

541 Dr. Mary McLeod Bethune Blvd

Daytona Beach, FL 32114

Mailing address, if different is:

10301 Wood Sorrel Court

Upper Marlboro, MD 20772

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To promote programming in which every man, woman and child can  
have the opportunity to achieve his/her fullest potential and participate  
in and contribute to all aspects of life. Corporation will establish programs to  
assist individuals and families struggling with substance abuse with  
housing, food, clothing, employment and other needs. Services to be  
provided in Volusia County.

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

Directors are appointed by the President.

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

Name and Title: James C. Jones, Pres.

Address: 10301 Wood Sorrel Ct

Upper Marlboro, MD

20772

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

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

Name and Title: Barbara J. Jones, VP

Address: 10301 Wood Sorrel Ct

Upper Marlboro, MD

20772

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

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

Name and Title: Goldie Ingram, Sec.

Address: 7604 Harrison Lane

Temple Hills, MD

20748

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

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

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SECRET  
FBI  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

FILED

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:

**Anthony Brockington**

Address:

**541 Dr. Mary McLeod Bethune Blvd**

**Daytona, Beach FL 35114**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name:

**Barbara J. Jones**

Address:

**10301 Wood Sorrel Ct**

**Upper Marlboro, MD 20772**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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*

**Anthony Brockington**

Required Signature of Registered Agent

**9/26/14**  
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.*

**Barbara J. Jones**

Required Signature of Incorporator

**9/26/14**  
Date