

N 1400000/0075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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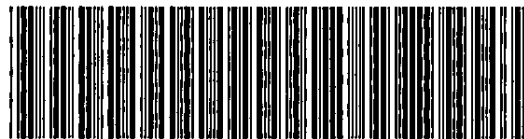
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 10/30/14

COVER LETTER

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

SUBJECT: **St. Jude's Books, 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: **Moira K. Scanlon**

Name (Printed or typed)

597 3rd St N

Address

Naples, FL 34102

City, State & Zip

239-919-2674

Daytime Telephone number

moirascanlon@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., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: St. Jude's Books, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
597 3rd St N

Naples, FL 34102

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide baby books to NICU babies.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

a majority of
Directors will be elected and appointed by the founding members.

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John X. Scanlon, Director, Officer

Address: 597 3rd St N
Naples, FL 34102

Name and Title: Maira K. Scanlon, Director, Officer

Address: 597 3rd St N
Naples, FL 34102

Name and Title: James C. Scanlon, Director, Officer

Address: 597 3rd St N
Naples, FL 34102

Name and Title: Jude D. Scanlon, Director, Officer

Address: 597 3rd St N
Naples, FL 34102

Name and Title: James M. Scanlon, Director, Officer

Address: 597 3rd St N
Naples, FL 34102

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: Moira K. Scanlon

Address: 597 3rd St N

Naples, FL 34102

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

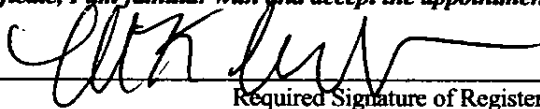
Name: Moira K. Scanlon

Address: 597 3rd St N

Naples, FL 34102

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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


Required Signature of Registered Agent

10/26/2014

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

10/26/2014

Date