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n 11/10/14

COVER LETTER

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

The Coley-Jake Foundation, Inc. Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for: \$70.00 □\$78.75 \$87.50 Filing Fee & Filing Fee Filing Fee, Filing Fee & Certified Copy Certificate of Certified Copy & Certificate Status ADDITIONAL COPY REQUIRED Decensor Griffy Name (Printed or typed) 7134 Rango Ov Sara Sta F1 34241

NOTE: Please provide the original and one copy of the articles.

E-mail address (Jo be used for future annual report notification). Com

941-893-7478

Daytime Telephone number

\J.

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: The Coley	-Jake Foundation, Inc.		
ARTICLE II PRINCIPAL OFFICE			
Principal street address: 7134 Rangi Drive	Mailing address, if different is:		
Sarasota, FL 34241			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: health initiatives	promote medical research, education, and mental		
	appointment cololy		
at the discretion of the President	nanner in which the directors are elected and appointed:		
ARTICLE V INITIAL OFFICERS AND/OR D	IRECTORS		
Name and Title: Deanna Griffith/Pres./VP/Sec.	Name and Title:		
7134 Rangi Drive Sarasota, FL 34241	Address:		
Name and Title:	Name and Title:		
Address	· -		
Name and Title:	Name and Title:		
Address	Address:		
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Name and Title:_	· · · · · · · · · · · · · · · · · · ·	Name and Title:		
Address		Address:		
Name and Title:_		Name and Title:		
Address		Address:		
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ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	Deanna Griffith	able) of the registered agent is:		
Address:	7134 Rangi Drive			
	Sarasota, FL 34241		30	7
				S TI
ARTICLE VII The name and ad-	INCORPORATOR dress of the Incorporator is:			******
Name:	Deanna Griffith		"Ti yr - " -71	-5 FMD
Address:	7134 Rangi Drive		- y+	₹ ∩
	Sarasota, FL 34241		A C	09
Having been nan	ed as registered agent to accept service o	f process for the above stated corpo	ration at the place o	designated in this
	miliar with and accept the appointment as		his capacity	
1. Oc	N /		11/3/14	
70	Required Signature of Registered A	Agent	Date	
	ment and affirm that the facts stated herei of State constitutes a third degrey felony a		information submit	ted in a document
Del			11/3/14	
	Required Signature of Incorp	orator	Date	

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