

N14000011713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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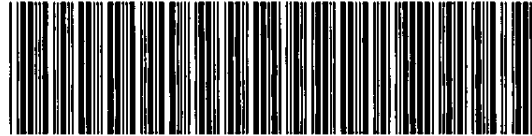
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 12/30/14

COVER LETTER

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

SUBJECT: **RJ'S DINER 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: **ROBERT JOHNSON**

Name (Printed or typed)

730 MCDUFF AVE SOUTH

Address

JACKSONVILLE, FLORIDA 32205

City, State & Zip

9043034221

Daytime Telephone number

rjs.diner72@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: RJ'S DINER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
730 mcduff ave south

jacksonville, florida 32205

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO RESPOND TO THE

NEEDS OF PEOPLE IN JACKSONVILLE, FL by providing meals to all those
who are hungry and provide services to encourage self -sufficiency and improving the
quality of life and informing the wider community of needs of the hungry and
advocate for resources to meet those needs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: the board
shall be nominated every two years and shall be selected by a majority vote. Board will serve for two year period.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert e johnson Chief Executive Director

Address: 730 mcduff ave south
jacksonville, fl 32205

Name and Title: Deborah Love/Director

Address: 414 SE 8th street
Gainesville, Florida 32601

Name and Title: Marvin Brown /Assistant Director

Address: 8947 6TH AVE
JACKSONVILLE, FL 32208

Name and Title:

Address:

Name and Title: Kim Crockett/sSecretary/Treasurer

Address: 6308 Bondy Rd
Jacksonville, Fl 32210

Name and Title:

Address:

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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: ROBERT E JOHNSON
Address: 730 MCDUFF AVE SOUTH
JACKSONVILLE, FLA 32205

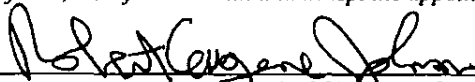
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT E JOHNSON
Address: 730 MCDUFF AVE SOUTH
JACKSONVILLE, FLORIDA 32205

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

12-26-2014
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

12-26-2014
Date