

N 15000000494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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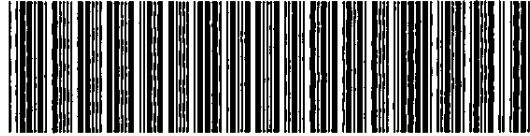
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
JAIL, MISSISSIPPI, FLORIDA

gr 1/16/15

## COVER LETTER

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

SUBJECT: River City Chicks, 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: Genora Crain-Orth

Name (Printed or typed)

2922 Forbes Street

Address

Jacksonville, FL 32205

City, State & Zip

904.207.1729

Daytime Telephone number

rivercitychicks@gmail.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: River City Chicks, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
2922 Forbes Street

Jacksonville, Florida 32205

Mailing address, if different is:

n/a

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To support, educate and encourage participation in Duval County's chicken keeping ordinance and urge responsible husbandry of urban flocks.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed

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

Name and Title: Genora Crain-Orth

Address: 2922 Forbes Street  
Jacksonville, Florida  
32205

Name and Title: Jordan Ayers

Address: 4616 Sussex Avenue  
Jacksonville, Florida  
32210

Name and Title: Gayle Rice

Address: 903 Wolfe Street  
Jacksonville, Florida  
32205

Name and Title: Lisa Rinaman

Address: 236 West 4th Street  
Jacksonville, Florida  
32206

Name and Title: Sarah Toppi

Address: 308 4th Street, East  
Jacksonville, Florida  
32206

Name and Title: n/a

Address: n/a  
n/a  
n/a

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:

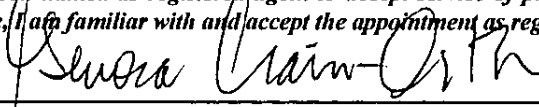
Name: Genora Crain-Orth  
Address: 2922 Forbes Street  
Jacksonville, Florida 32205

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Genora Crain-Orth  
Address: 2922 Forbes Street  
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

01/08/2015

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

01/08/2015

Date

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**