1/5000/28

(Re	questors Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	» #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	iling Officer:	
		{

Office Use Only



02/09/15--01003--024 **78.75

HOT IN TENELL TO ACKNOWLEDGE TO ACKNOWLEDGE TO ACKNOWLEDGE

PM 2: 53

RECEIVED

15 FEB -9 PH 2: 52

COVER LETTER

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

SUBJECT:	DI JONES FOUNDATION TOC.
	(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

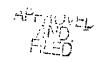
FROM:	Camellia Jones		
•	Name (Printed or typed)		
	P. O. Box 181214		
,	Address		
	Tallahassee, Florida 32318		
,	City, State & Zip		
	(850) 980-5558		
•	Daytime Telephone number		

dijons7@hotmail.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)



he name of the corporation shall be:DI JONI	ES FOUNDATION	INC.	15 FEB -9 1	<u> </u>
RTICLE II PRINCIPAL OFFICE		,	_020721	i H Cer an
Principal street address:		Mailing addres	IALLAH4885.57	FLORIDA
1181 Gearhart Lane	I	P. O. Box 181		
Tallahassee, Florida 32303	7	[allahassee,	Florida 32318	
RTICLE III PURPOSE				
he purpose for which the corporation is organized is: _ sector of non-profit organizations to assi		= =	_	
adults, seniors and pets that exist in ir missions outreach non-profit organization	nhumane condition ons, church missic	s. Focusing on ons outreach, ch	assistance with es ildren hospitals, an	tablished d_animal
outreach for abandon and abused pets. P development. Our true goal is to help with		_		•
and educating those in need. Through mis	-		•	•
by giving support of caring hearts with car	ring hands making a	positive differen	ce in saving a life.	
RTICLE IV MANNER OF ELECTION The Chief Executive; the term of elected by Laws. Directors can be nominated	e manner in which the c ed directors wi l and elected a	directors are elected	and appointed: Appoir 4) years, as pr 5. Elected for	nted by t escribed 2-Yr ter
RTICLE IV MANNER OF ELECTION The Chief Executive; the term of elected by-Laws. Directors can be nominated elected for an additional term, provential V INITIAL OFFICERS AND/OR ame and Title: Tanya F. Jones, Chair	olded no office	er will serve	and appointed: Appoir 4) years, as pr • Elected for more than two,	. (2) yea:
ARTICLE V INITIAL OFFICERS AND/OR	olded no office	er will serve	more than two,	. (2) year
ARTICLE V INITIAL OFFICERS AND/OR ame and Title: Tanya F. Jones, Chair	DIRECTORS Name and Title:	er will serve	more than two,	. (2) year
ARTICLE V INITIAL OFFICERS AND/OR ame and Title: Tanya F. Jones, Chair	DIRECTORS Name and Title: Address:	Jade-Elizabe	more than two,	. (2) year
ARTICLE V INITIAL OFFICERS AND/OR ame and Title: Tanya F. Jones, Chair ddress ame and Title: Gloria J. Jones, Secreta	Name and Title: Address: Name and Title:	Jade-Elizabe	more than two,	. (2) year
ARTICLE V INITIAL OFFICERS AND/OR ame and Title: Tanya F. Jones, Chair ddress ame and Title: Gloria J. Jones, Secreta	Name and Title: Address: Name and Title:	Jade-Elizabe	more than two,	. (2) year
ARTICLE V INITIAL OFFICERS AND/OR ame and Title: Tanya F. Jones, Chair ddress ame and Title: Gloria J. Jones, Secreta	Name and Title: Address: Name and Title:	Jade-Elizabe	more than two,	. (2) year
ARTICLE V INITIAL OFFICERS AND/OR ame and Title: Tanya F. Jones, Chair ddress ame and Title: Gloria J. Jones, Secreta ddress	DIRECTORS Name and Title: Address: Ary Name and Title: Address:	Jade-Elizabe	more than two,	(2) year
ame and Title: Gloria J. Jones, Secreta ddress ame and Title: Camellia D. Jones, Chief Execut	Name and Title: Address: Address: Address: Address: Address: Address: Address:	Jade-Elizabe	more than two,	(2) year
ame and Title: Gloria J. Jones, Secreta ddress ame and Title: Camellia D. Jones, Chief	Name and Title: Address: Address: Address: Address: Address: Address: Address:	Jade-Elizabe	more than two,	(2) year
ARTICLE V INITIAL OFFICERS AND/OR ame and Title: Tanya F. Jones, Chair ddress ame and Title: Gloria J. Jones, Secreta ddress ame and Title: Camellia D. Jones, Chief Execut	Name and Title: Address: Address: Address: Address: Address: Address: Address:	Jade-Elizabe	more than two,	. (2) yea

Name and Title:_		Name and Title:	
Address		Address:	
_			
Name and Title:		Name and Title:	
Address			
-			
ARTICLE VI	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acco	eptable) of the registered agent is:	
Name:	Camellia Jones		
Address:	1181 Gearhart Lane		
	Tallahassee, Florida 3	32303	
ARTICLE VII The name and add	INCORPORATOR lress of the Incorporator is:		
Name:	_Camellia Jones		
Address:	P. O. Box 181214		
	Tallahassee, Florida 3	32318	
certificate, I am fa	miliar with and accept the appointment	of process for the above stated corporation at the place de as registered agent and agree to act in this capacity	signated in this
	Required Signature of Registered	2/9/20	15
	Required Signature of Registered	d Agent ' Date	
I submit this docu to the Department	ment and affirm that the facts stated her of State constitutes a third degree fe <u>l</u> ony	rein are true. I am aware that any false information submitted or as provided for in s.817.155, F.S.	l in a document
	Required Signature of Inco	ng 2/9/201	5
	Required Signature of Inco	orporator Date	