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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Chronicles 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: Shayuan Wilson  
Name (Printed or typed)

7117 Water Rose Ct  
Address

JACKSONVILLE FLA 32219  
City, State & Zip

904-755-7070  
Daytime Telephone number

Shayuanwilson@yahoo.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: Chronicles Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

5719 Moncriet Rd W  
Jacksonville, Fla 32209

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Relief of the under privileged,  
distress and the poor.

Provide drug free transitional housing to homeless & sheltered  
Men & Women, Veterans, Youth; secure employment. Give easy  
Access to ongoing treatment to become self sufficient; help  
to fight struggles with addiction & break substance abuse cycles.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

As provided for in the bylaws

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

Name and Title: Shayna Wilson - P  
Address: 7117 Water Rose Ct  
SEK, Fla 32219

Name and Title: Clarence Morris - VP  
Address: 7160 Claremont Creek  
Jacksonville, FL 32222

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -3 PM 2:37

FILED

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: \_\_\_\_\_

Address: \_\_\_\_\_

Shajuan Wilson  
7119 Water Rose Ct  
JFK, FL 32219

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Shajuan Wilson  
7119 Water Rose Ct  
JFK, FL 32219

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Shajuan Wilson

Required Signature of Registered Agent

5/12/15  
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.*

Shajuan Wilson

Required Signature of Incorporator

5/21/15  
Date

Shajuan Wilson  
7117 Water Rose Ct  
Jacksonville, Florida 32208  
904-755-7070

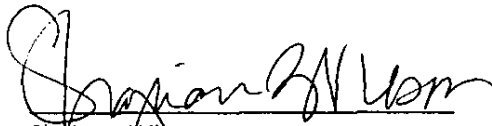
Re: Chronicles LLC-  
Document #L15000005349

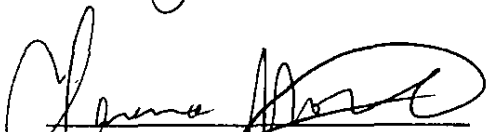
5/12/15

To Whom it may concern:

I, Shajuan Wilson write to release the name Chronicles LLC. I do not intent to revoke this dissolution and thereby release Chronicles LLC.

Thank you,

  
Shajuan Wilson

  
Clarence Morris



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 JUN -3 AM 10:21

JACKSONVILLE, FLORIDA

May 22, 2015

SHAJUAN WILSON  
7117 WATER ROSE CT  
JACKSONVILLE, FL 32219

SUBJECT: CHRONICLES INC  
Ref. Number: W15000036330

We have received your document for CHRONICLES INC and your check(s) totaling \$87.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 115A00010835