

N15000006574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

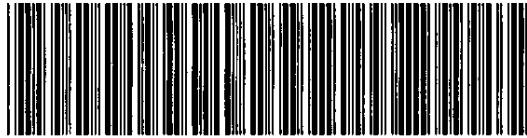
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

JUL 07 2015
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COVER LETTER

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

SUBJECT:

JOKERS R WILD, 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:

SHEILA SHEAR

Name (Printed or typed)

10642 ASHFORD OAKS DRIVE

Address

TAMPA, FLORIDA 33625

City, State & Zip

813-926-7926

Daytime Telephone number

ROXSHEAR@TAMPA BAY, RR. 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: JOKERS R WIND, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10642 ASHFORD DRIVE
TAMPA, FLORIDA 33625

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SOCIAL CLUB RAISING
MONEY FOR CHARITY

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

YEARLY AT ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHEILA SHEAR - PRESIDENT

Address

10642 ASHFORD OAKS DRIVE
TAMPA, FLORIDA 33625

Name and Title:

ESTHER PEREZ - 2nd V.P. & Secretary
14533 MIRABELLA VISTA CIRCLE
TAMPA, FLORIDA
33626

Address:

Name and Title: SHARON JOHNSON - TREASURER

Address

8320 BONKAN ROAD
LAND O LAKES, FL.
34637

Address:

Name and Title: ROBERT JOHNSON - MVP

Address

8320 BONKAN ROAD
LAND O LAKES, FL.
34637

Address:

SECRETARY OF STATE
ALLAHAMSEE, FLOIDA

15 JUL 12 AM 3:48

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: SHEILA SHEAR
Address: 10642 ASHFORD OAKS DRIVE
TAMPA, FLORIDA 33625

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHEILA SHEAR
Address: 10642 ASHFORD OAKS DRIVE
TAMPA, FLORIDA 33625

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

Sheila Shear
Required Signature of Registered Agent

6/24/15
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.

Sheila Shear
Required Signature of Incorporator

6/24/15
Date

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TALLAHASSEE, FLORIDA