

N15000006991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)


☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

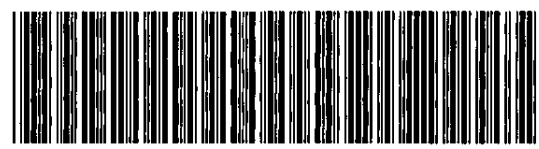
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL 21 AM 12:50

JUL 21 2015
T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2015

ISAAC T CONNER
35 MARKET SQUARE
#201
KNOXVILLE, TN 37902

SUBJECT: THE CJ SPILLER CHARITY
Ref. Number: W15000042512

We have received your document for THE CJ SPILLER CHARITY, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$87.50.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

YOU MAY ONLY LIST ONE REGISTERED AGENT FOR THE BUSINESS.,

Please return 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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 715A00012926

COVER LETTER

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

SUBJECT: The CJ Spiller Charity, 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: Isaac T. Conner

Name (Printed or typed)

35 Market Square, Suite 201

Address

Knoxville, TN 37902

City, State & Zip

865-546-0564

Daytime Telephone number

ike@a3athletics.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: The CJ Spiller Charity, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
128 E. Base Street

Madison FL 32340

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The CJ Spiller Foundation will provide support for lung cancer research treatment and support programs while providing aid to patients and families in need. We will accomplish this by providing necessary and critical funding for creative and leading edge lung cancer research programs. The CJ Spiller Charity, Inc. is committed to helping to financially support efforts dedicated to eliminating lung cancer, improving detection methods and enhancing the quality of life for lung cancer patients. The purpose or purposes for which the corporation is original and exclusively charitable, religious, educational and scientific within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or any successor provision to such Section) (the "Code"). Board members are elected and serve set terms.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CJ Spiller, President

Address: 16169 SE 72nd Lane

Lake Butler, FL 32054

Name and Title: _____

Address: _____

Name and Title: Donnell Davis/Board Member

Address: 128 E. Base Street

Madison, FL 32340

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS

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: Ahmad Johnson
Address: 3400 Miami Tower, 100 SE 2nd Street
Miami, FL 33131

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ARTICLE VII INCORPORATOR

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

Name: Isaac T. Conner
Address: 35 Market Square, Ste. 201
Knoxville, TN 37902

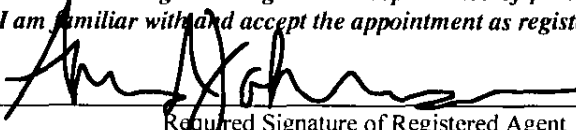
ARTICLE VIII EFFECTIVE DATE:

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.

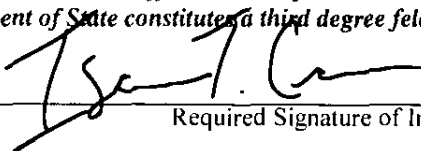
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

7/5/15

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.


Required Signature of Incorporator

7/5/15

Date