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SEP 18 2015
S. GILBERT

COVER LETTER

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

SUBJECT: THE PAT WILKES FOUNDATION, 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: BOBBY J. WILKES
Name (Printed or typed)

2800 PINE MEADOWS DR #11
Address

JACKSONVILLE, FL 32256
City, State & Zip

904-536-4764
Daytime Telephone number

bwilkes7@gmail.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 PAT WILKES FOUNDATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7800 Point meadows Dr #11

JACKSONVILLE, FL, 32256

Mailing address, if different is:

P.O. Box 551193

JACKSONVILLE, FL ~~32256~~ 32255

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to help people that are in
need of a helping hand, help Feed Homeless, etc @
Thanksgivings, and Toys For Tots - Charitable

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by Board voting groups

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15 SEP 19 AM 12:02
CLERK OF STATE
JACKSONVILLE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bobbie J. Wilkes - President / Director Name and Title: Curtis Hale - D

Address: 7800 Point meadows Dr Address: 7800 Point meadows Dr.
JACKSONVILLE, FL 32255 JACKSONVILLE FL 32255

Name and Title: MARY LEE TAYLOR - D Name and Title: STEVE SPIVAKS - D
Address: 7800 Point meadows Dr. Address: 7800 Point meadows Dr.
JACKSONVILLE FL 32255 JACKSONVILLE FL 32255

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Bobby J. Wilkes
Address: 7800 Point Meadows Dr #1211
Jacksonville, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bobby J. Wilkes
Address: 7800 Point Meadows Dr #1211
Jacksonville, FL 32256

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

Bobby J. Wilkes
Required Signature of Registered Agent

9-18-15
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.

Bobby J. Wilkes
Required Signature of Incorporator

9-18-15
Date