

N15000010643

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

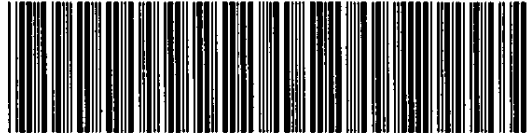
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TALLAHASSEE, FLORIDA

W5-  
64135

NOV 02 2015  
E. Burch

## COVER LETTER

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

**SUBJECT:** THE JEFFERSON AND LESTER FAMILY REUNION, LLC

(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:** MATTIE JOHNSON

\_\_\_\_\_  
Name (Printed or typed)

9516 ABERDARE AVENUE

\_\_\_\_\_  
Address

JACKSONVILLE, FLORIDA 32208

\_\_\_\_\_  
City, State & Zip

(904) 554-3364

\_\_\_\_\_  
Daytime Telephone number

johnson7798@att.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
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\_\_\_\_\_  
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**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 OCT 30 AM 11:02

TALLAHASSEE, FLORIDA

September 25, 2015

MATTIE JOHNSON  
9516 ABERDARE AVE  
JACKSONVILLE, FL 32208

SUBJECT: THE JEFFERSON AND LESTER FAMILY REUNION, LLC  
Ref. Number: W15000064135

We have received your document for THE JEFFERSON AND LESTER FAMILY REUNION, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

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.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 015A00020290

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

### ARTICLE I NAME

The name of the corporation shall be: THE JEFFERSON AND LESTER FAMILY REUNION, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
4020 ROGERS AVENUE

JACKSONVILLE, FLORIDA 32208

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR

CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES. TO SEARCH OUR HISTORY AND

SECURE OUR LEGACY, SO WE MAY IMPROVE THE LIVES WE LIVE. WE WANT TO EMPHASIZE THE IMPORTANCE

OF FAMILY, SO THERE WILL BE LIMITED LIABILITY. WE WILL CONDUCT CHARITABLE ACTIVITIES, SUCH AS

SCHOLARSHIP PROGRAMS AND THE REUNION CAN CONTINUE BEYOND THE LIFE OF ITS ORIGINAL OWNERS.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Meeting of the board

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTIE JOHNSON- DIRECTOR

Address: 9516 ABERDARE AVENUE

JACKSONVILLE, FLA. 32208

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

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

Name and Title: BRUCE LESTER- TREASURER

Address: 1522 KING STREET

JACKSONVILLE, FLA. 32209

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

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

Name and Title: ANITA FIELDS- SECRETARY

Address: 9516 ABERDARE AVENUE

JACKSONVILLE, FLA. 32208

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 30 PM 4: 09

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: Mattie Johnson  
Address: 9516 Aberdare Avenue  
Jacksonville, Fla. 32208

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mattie Johnson  
Address: 9516 Aberdare Avenue  
Jacksonville, Fla. 32208

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: November 15, 2015 (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*

Rev. Mattie Johnson  
Required Signature of Registered Agent

10-27-2015  
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.*

Rev. Mattie Johnson  
Required Signature of Incorporator

10-27-2015  
Date