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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: Catholic Engaged Encounter of Diocese of St. Augustine, FL, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | | |
|--|--|-------------------------------------|--|--|--|
| Enclosed is an original a | and one (1) copy of the Artic | | | | |
| \$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 CO | PY REQUIRED | | |
| FROM: Jamie Oehmann Name (Printed or typed) | | | - | | |
| | 12470 Antler Hill Dr N | | | | |
| Jacksonville, FL 32224 City, State & Zip | | | | | |
| | | | | | |
| Daytime Telephone number | | | | | |
| | cee.st.augustinefl@gmail.com | | | | |

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

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

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

| The name of th | e corporation shall be: | iged Encounter of Dioces | se of St. Augustine, FL, Inc. | 5 |
|---------------------------------------|---|----------------------------|---|----------------|
| | PRINCIPAL OFFICE | | | |
| | ······································ | | Mullium - Admin 16 different in 12 | (3) |
| 5045 | Principal <u>street</u> address: Sanibel Drive | | Mailing address, if different is: | |
| | UL EV 20010 | | , — | <u> </u> |
| Jacks | onville, FL 32210 | | 0.2 | |
| | | | <u>.</u> . بر | |
| ARTICLE III The purpose for | | The corporation is or | ganized exclusively for charitable, religio | ous, and |
| | | | usal communication through a retreat pro- | |
| growth of the | Gospel of Jesus Christ as taught by the | he Roman Catholic Chur | ch, including, for such purposes, the mak | ing of |
| distributions to | o organizations that qualify as exemp | ot organizations under sec | ction 501(c)(3) of the Internal Revenue Co | ode, or the |
| corresponding | section of any future federal tax cod | le. Upon the dissolution o | of the corporation, assets shall be distribut | ted for one or |
| more exempt j | ourposes within the meaning of section | on 501(c)(3) of the Intern | nal Revenue Code, or the corresponding so | ection of any |
| | | | to a state or local government, for a publi | · |
| | tax code, or shall be distributed to the | | | every 2 years |
| ARTICLE_V | INITIAL OFFICERS AND/OR D | IRECTORS | | _ |
| Name and Title | Lucy Bravo (President) | Name and Title | Phil Bravo (Vice-President) | |
| Address | 5045 Sanibel Drive | Address: | 5045 Sanibel Drive | |
| Address | Jacksonville, FL 32210 | | Jacksonville, FL 32210 | |
| N LTU | Mike Ventura (Treasurer) | | | • |
| Name and Title Address | e: 1517 Marcy Drive | Name and Title Address: | × | |
| · · · · · · · · · · · · · · · · · · · | St Johns, FL 32259 | Address: | | |
| | | | | |
| Name and Title | e: | Name and Title | : | |
| Address | | Address: | | |
| | | | | |
| | | | | |

| Name and Title:_ | | Name and Title: | - |
|--------------------|--|--|-------------------|
| Address _ | | Address: | |
| | | | • |
| Name and Title:_ | | Name and Title: | - |
| Address _ | | Address: | |
| - | | | • |
| | REGISTERED AGENT | and a black a Calley are also and a countries | |
| Name: | lorida street address (P.O. Box NOT acco Jamie Oehmann | epianic) of the registered agent is: | र्ज |
| Address: | 12470 Antler Hill Dr N | (.1 | 25 0.00 |
| - | Jacksonville, FL 32224 | | N G) |
| The name and ac | INCORPORATOR Idress of the Incorporator is: Lucy Bravo | | PH 12: 18 |
| Name: | 5045 Sanibel Drive | | |
| Address: | Jacksonville, FL 32210 | | |
| Effective date, if | | (OPTIONAL) nd cannot be more than five business days prior or 90 l | ousiness days |
| | inserted in this block does not meet the a tive date on the Department of State's rec | pplicable statutory filing requirements, this date will not be ords. | e listed as the |
| | | of process for the above stated corporation at the place as registered agent and agree to act in this capacity | designated in thi |
| | Required Signature of Registered | // // // // // // // // // // // // // | |
| | | ein are true. I am aware that any false information submit | tted in a documen |
| | Required Signature of Inco | 11/19/15 | |