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15 DEC -9 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## COVER LETTER

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

**SUBJECT:** J. & B. AUTISM ADVENTURES, 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:** LYNOREA W. FRANCIS

Name (Printed or typed)

P.O. BOX 2638

Address

ALACHUA, FL 32618-2838

City, State & Zip

(352) 792-7565

Daytime Telephone number

JBAUTISMADVENTURES@GMAIL.COM

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

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





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2015

LE'NOREA W. FRANCIS  
PO BOX 2638  
ALACHUA, FL 32618-2838

SUBJECT: J. & B. AUTISM ADVENTURES, INC.  
Ref. Number: W15000076464

RECEIVED  
15 DEC -2 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for J. & B. AUTISM ADVENTURES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 415A00024672



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Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** LE'NOREA W. FRANCIS

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

P.O. BOX 2638

\_\_\_\_\_  
Address

ALACHUA, FL 32618-2638

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

(352) 792-7565

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

JBAUTISMADVENTURES@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: J. & B. AUTISM ADVENTURES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
15309 NW 132ND TERRACE

ALACHUA, FL 32615

Mailing address, if different is:  
P.O. BOX 2638

ALACHUA, FL 32618-2638

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: VOLUNTEER BASED COMMUNITY OUTREACY MENTORING  
SERVIECS AND CHARITABLE SERVICES FOR HEALTH CARE, EDUCATION, SOCIAL AND GENERAL NEEDS.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LE'NOREA W. FRANCIS, PRES

Address: P.O. BOX 2638

ALACHUA, FL 32618-2638

Name and Title: RALPH FRANCIS, VICE PRES

Address: P.O. BOX 2638

ALACHUA, FL 32618-2638

Name and Title: MARILYN FRAZIER, TREAS

Address: P.O. BOX 55

FT. WHITE, FL 32038

Name and Title: JACQUELYN M. COLLINS, SEC

Address: 1921 SE 39TH TERRACE

GAINESVILLE, FL 32601

Name and Title: ?

Address: ?

Name and Title: ?

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: LE'NOREA W. FRANCIS  
Address: 15309 NW 132ND TERRACE  
ALACHUA, FL 32615

**ARTICLE VII INCORPORATOR**

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

Name: LE'NOREA W. FRANCIS  
Address: P.O. BOX 2638  
ALACHUA, FL 32618-2638

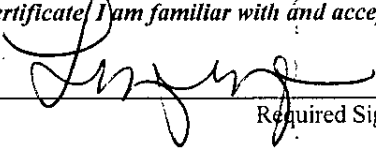
**ARTICLE VIII EFFECTIVE DATE:**

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.)

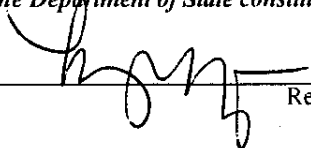
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/30/15  
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

11/30/15  
Date



**ARTICLE IV – MANNER OF ELECTION** The manner in which the directors are elected and appointed: The original directors will be elected by the President. The individual must be 18 years of age and an affiliate with affiliate classifications created by the board of directors. Directors may be elected at any board meeting by a majority vote of the existing board of directors. The election of directors to replace those who have fulfilled their term of office shall take place in January of each year.