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EFFECTIVE DATE
2-25-2016

MAR 14 2016
S. GILBERT

FILED
16 MAR -4 PM 2:56
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: COMMUNITY ADVANCEMENT NETWORK 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: ALTON JENKINS
Name (Printed or typed)

24655 SOUTHFIELD RD. STE 206
Address

SOUTHFIELD, MI 48075
City, State & Zip

248.968.5110
Daytime Telephone number

MR.KLEEN.ASSOCIATES@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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME COMMUNITY ADVANCEMENT NETWORK INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
4446 Hendricks Ave	_____
_____	_____
suite 260	_____
_____	_____
Jacksonville, FL 32207	_____
_____	_____

ARTICLE III PURPOSE To create and/or support programs that house, feed, clothe, shelter, train and educate disadvantaged members of the community of metropolitan jacksonville florida
The purpose for which the corporation is organized is: _____

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Becky Hamilton , President	Name and Title:	_____
Address	4446 Hendricks Ave	Address:	_____
	suite 260		_____
	Jacksonville, FL 32207		_____
Name and Title:	Karon Boss, Treasurer	Name and Title:	_____
Address	4446 Hendricks Ave	Address:	_____
	suite 260		_____
	Jacksonville, FL 32207		_____
Name and Title:	Lynette I. Roebuck, Secretary	Name and Title:	_____
Address	4446 Hendricks Ave	Address:	_____
	suite 260		_____
	Jacksonville, FL 32207		_____

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: Becky Hamilton
Address: 4446 Hendricks Ave ste 260
Jacksonville, FL 32207

ARTICLE VII INCORPORATOR

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

Name: Alton Jenkins
Address: 24655 Southfield Rd. sute 206
Southfield, MI 48075

ARTICLE VIII EFFECTIVE DATE: 02/25/2016

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

Becky L Hamilton
Required Signature of Registered Agent

2/25/2016
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.

Asinh
Required Signature of Incorporator

2-25-16
Date