

N/6022002685

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EFFECTIVE DATE  
2-25-2016

MAR 14/2016  
S. GILBERT

FILED  
TALLAHASSEE, FLORIDA

16 MAR -4 PM 2:56

## 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)

**ARTICLE I NAME**

The name of the corporation shall be: COMMUNITY ADVANCEMENT NETWORK INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4446 Hendricks Ave

suite 260

Jacksonville, FL 32207

Mailing address, if different is:

**ARTICLE III PURPOSE**

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

**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. suite 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