

NI60000003905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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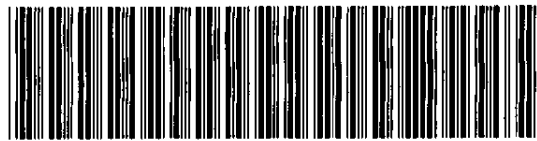
(Business Entity Name)

(Document Number)

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APR 15 2016
T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 087601 8090981

AUTHORIZATION : *Lyndee Coleman*

COST LIMIT : \$ 70.00

ORDER DATE : April 1, 2016

ORDER TIME : 12:05 PM

ORDER NO. : 087601-001

CUSTOMER NO: 8090981

DOMESTIC FILING

NAME: THE MOST ANCIENT NOBLE HOUSE
DE GARMEAUX, INTL
NKTMANHDG, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

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

ARTICLE I NAME

The name of the corporation shall be: THE MOST ANCIENT NOBLE HOUSE DE GARMEAUX, INTLNKTMANHDG, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
225 E 7th Street

Jacksonville, FL, 32206

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cultural, diversity, social, religious, educational, crime
preventative, humanitarian efforts, preservation and services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
The directors of the company are going to be voted in. The current directors are volunteers.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Simone Caulderwood - President

Address: 225 E 7TH STREET
JACKSONVILLE, FL 32206

Name and Title: Russel G. Giampietro - Vice President

Address: 225 E 7TH STREET
JACKSONVILLE, FL 32206

Name and Title: Mark Pritts - Secretary

Address: 225 E 7TH STREET
JACKSONVILLE, FL 32206

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: SIMONE CAULDERWOOD

Address: 225 E 7TH STREET

JACKSONVILLE, FL 32206

ARTICLE VII INCORPORATOR

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

Name: SIMONE CAULDERWOOD

Address: 225 E 7TH STREET

JACKSONVILLE, FL 32206

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 12, 2016. (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

SIMONE CAULDERWOOD

By: 

Required Signature of Registered Agent

SIMONE CAULDERWOOD

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

April 12, 2016

Date

April 12, 2016

Date