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DIVISION OF CORPORATIONS
16 SEP 22 PM 2:06

09/23/16

COVER LETTER

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

SUBJECT: The Ark of Springfield, 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: Kenneth G. McKinney II
Name (Printed or typed)

126 E 7th Street
Address

Jacksonville, FL 32206
City, State & Zip

904-707-5283
Daytime Telephone number

thearkspringfield@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: The Ark of Springfield, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
127 E 7th Street

Jacksonville, FL 32206

Mailing address, if different is:
131 E 9th Street

Jacksonville, FL 32206

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide an opportunity to create a better future for children of all backgrounds by sources using music, gardening, martial arts, action sports, arts and crafts, and other extracurricular activities.

These opportunities will allow them to apply what is learned through these experiences back in their schooling, family life and other relationships and networking in the community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: voting annually via election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kenneth G McKinney II, President</u>	Name and Title:	<u>Danielle Rienks, Vice President</u>
Address	<u>126 E 7th Street</u>	Address:	<u>131 E 9th Street</u>
	<u>Jacksonville, FL 32206</u>		<u>Jacksonville, FL 32206</u>

Name and Title:	<u>Stepenie Searles, Secretary</u>	Name and Title:	_____
Address	<u>8416 Oak Crossing Dr W</u>	Address:	_____
	<u>Jacksonville, FL 32244</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	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: Kenneth G. McKinney II
Address: 131 E 9th Street
Jacksonville, FL 32206

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ARTICLE VII INCORPORATOR

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

Name: Kenneth G. McKinney II
Address: 126 E 7th Street
Jacksonville, FL 32206


ARTICLE VIII EFFECTIVE DATE: 08/01/2016

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

 _____
Required Signature of Registered Agent

8/11/16
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

8/11/16
Date