

N16000009582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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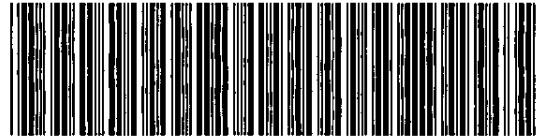
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: Jax Fam Foundation, CORPORATION  
(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: Jason Jackson  
Name (Printed or typed)  
3163 Elizabeth St  
Address  
Coconut Grove, FL 33133  
City, State & Zip  
786-999-2599  
Daytime Telephone number

thejaxshow@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: Jax Fam Foundation, CONTRIBUTION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3163 Elizabeth St

Coconut Grove, FL 33133

Mailing address, if different is

4940 NW 110th Terr

Coral Springs, FL 33076

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To host an annual fundraising event with the purpose of distributing porceeds to honored guests personal foundations and / or favorite charities.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: by the incorporator

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

Name and Title: Jason Jackson, Chair

Address: 3163 Elizabeth St

Coconut Grove, FL 33133

Name and Title: Shirelle Jackson, Vice Chair

Address: 3163 Elizabeth St

Coconut Grove, FL 33133

Name and Title: Robert Georgiou,

Address: 4940 NW 110th Terrace

Coral Springs, FL 33076

Name and Title: Joseph Koury,

Address: 10851 NW 72nd Place

Parkland, FL 33076

Name and Title: Iain Page, Treasurer

Address: 49 Manor House Dr.

Cherry Hill, NJ 08003

Name and Title: Dr. Desmond Ebanks,

Address: 16 Heathcote

Avon CT 06001

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: Robert Georgiou  
Address: 4940 NW 110th Terrace  
Coral Springs, FL 33076

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**ARTICLE VII INCORPORATOR**

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

Name: Jason Jackson  
Address: 3163 Elizabeth St  
Coconut Grove, FL 33133

**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*

8-19-2016

Date

Required Signature of Registered Agent

*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.*

8-19-2016

Date

Required Signature of Incorporator