

N16000009968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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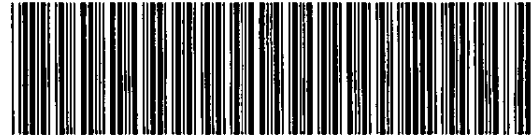
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

V HERRING  
OCT 11 2016

## COVER LETTER

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

SUBJECT: Jacobs Ladder Communities, Incorporated  
(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: Cyrese M. Proctor  
Name (Printed or typed)

12867 Haverford West Rd Apt 2  
Address

Jacksonville FL 32218  
City, State & Zip

904-802-5979  
Daytime Telephone number

CMP32462@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: Jacob's Ladder Communities, Incorporated

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

12867-2 Haverford West Rd.  
Jacksonville Fl. 32218

Mailing address, if different is:

SAME

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Jacob's Ladder is a community based organization  
where we build communities in the Jacksonville  
Area.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors  
will be voted in by Pres & V.P. Board members elect and  
vote every 2 yrs.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cyrene M. Boer  
CEO/Secretary

Address

12867-2 Haverford West Rd.  
Jacksonville, Fl. 32218

Name and Title: Amelia Wallace  
V.P./Treas

Address:

3803 Robena Rd.  
Jacksonville, Fl 32218

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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JACKSONVILLE, FLORIDA

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED

2016 OCT 10 PM 3:59

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Cyrese M. Proctor

Address: 12876-2 Haverford West Rd.  
Jacksonville, FL 32218

**ARTICLE VII INCORPORATOR**

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

Name: Amelia Wallace

Address: 3803 Bokera Rd.  
Jacksonville, FL 32218

**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*

Cyrese M. Proctor

Required Signature of Registered Agent

10/11/2016  
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.*

Amelia Wallace

Required Signature of Incorporator

10/11/16  
Date