N1600001/350

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Laterious Line)
(Document Number)
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Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FI 8810A

V HERRING NOV 29 2016

COVER LETTER

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

Enclosed is an original:	and one (1) copy of the Art	icles 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: Niercsty Delson
Name (Printed or typed)

1913 SE W Dunbrooke Circle
Address

PSL, FL 34957
City, State & Zip

777-337-4173
Daytime Telephone number

Nifoundation @ aol. com
Email address: (to be used for future annual report postification)

NOTE: Please provide the original and one copy of the articles.



November 14, 2016

NIERESTA NELSON 1913 SE W DUNBROOKE CIRCLE PSL, FL 34952

SUBJECT: THE NELSON JONES FOUNDATION CORP.

Ref. Number: W16000076942

We have received your document for THE NELSON JONES FOUNDATION CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the city name in its entirety abbreviations are not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 716A00024372

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

The name of the corporation shall be: The Nelson Jones Foundation Com.
ARTICLE II PRINCIPAL OFFICE
Principal <u>street</u> address: Mailing address, if different is: Mailing address, if different is:
Port St. Lucie, FL
34952
The purpose for which the corporation is organized is: TO provide eligible students With a grant that can be used to create an individualized educational program. The grant Can be used towards approved specialized Services and products such as: Therapy C-speech, Occupational, physical), tuition at an eligible Cohool and instantional products
School, and Instructional material. ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: EXISTIMA
board members evaluate the current board situation and needs then gather names of prospective ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS members to vote unanimusly
Name and Title: Nieresta Nelson (President) on the most qualified Name and Title: Charlie Salter Ir. Candidates
Address 100-28 194th Street Address: (Secretary)
Hollis, NY 2801 Booker Street 11423 Fort Pierce, FL 34987
Name and Title: Jon Cummings (Treasurer) Name and Title:
Address 3048 Saltbush Address:
Lane
Port St. Lucic, FL
34952 FSIAIE 99
and the second s

Name and Title:	Name and Title:	
Address	Address:	
·		FILED
	201	6 NOV 23 AM 8: 19
Name and Title:	Name and Title: SE	CHETARY OF STATE CAHASSEE, FLORIDA
Address	Address:	

	**************************************	MANAGER TO BE ST.
ARTICLE VI REGISTERED AGE	\ <i>!</i> ''	
	P.O. Box NOT acceptable) of the registered agent is:	
Name: Deirdre	Robinson	
Address: 1913 SE	W Dunbrooke Circle	
Port St.	Lucie, FL 34952	
ARTICLE VII INCORPORATOR	•	
The name and address of the Incorpora	lor is:	
Name: Descare	Kobinson	
Address: 913 SE	W Dunbrooke	
Port St.	Lucic, FL 34952 Filing: January 19+ 2017 Filing: January 19- (OPTIONAL)	
ARTICLE VIII EFFECTIVE DATE	To 2011 194 2017	
Effective date, if other than the date of (If an effective date is listed, the date	filing: (OPTIONAL) must be specific and cannot be more than five days prior	or or 90 days after the filing.)
<u>Note:</u> If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, tement of State's records.	his date will not be listed as the
Wanter have named as a side of a second	ad de la companya a companya and a	
certificate, I am familiar with and acoe	nt to accept service of process for the above stated corpor of the appointment as registered agent and agree to act in th	his capacity
Dordu K	mature of Registered Agent	1/21/16
		Date
	the facts stated herein are true. I am aware that any false i third degree felony as provided for in s.817.155, F.S.	nformation submitted in a document
A Lexide 9	d Signature of Incorporator	11/21/16
Require	d Signature of Incorporator	Date /