

COVER LETTER

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

SUBJECT: Lincolnvile Historical Preservation and Restoration Society, 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: Madeline Wise
Name (Printed or typed)

2312 Red Oak Dr
Address

Jacksonville, FL 32211
City, State & Zip

904-504-4251
Daytime Telephone number

wimado10@yahoo.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: Lincolnvile Historical Preservation and Restoration Society, Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>8 Lovett St</u> <u>St. Augustine, FL 32084</u>	Mailing address, if different is: _____ _____
--	---

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The mission of Lincolnvile Historic Preservation and Restoration Society, Inc.
to provide leadership to the residents of Historic Lincolnvile to revitalize, preserve, and restore the community through its
diverse programs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Michael Jefferson, Chair</u> Address: <u>133 Bren Mar Ln</u> <u>Palm Coast, FL 32137</u>	Name and Title: <u>TBD, Secretary</u> Address: _____ _____
Name and Title: <u>Madeline Wise, Vice Chair</u> Address: <u>2312 Red Oak Dr</u> <u>Jacksonville, FL 32211</u>	Name and Title: _____ Address: _____ _____
Name and Title: <u>Shelly McIntosh, Treasure</u> Address: <u>718 Melson Ave</u> <u>Jacksonville, FL 32254</u>	Name and Title: _____ Address: _____ _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 10 PM 5:30
FILED

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: Rosalie Green

Address: 8 Lovett St

St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dalonja Duncan

Address: 55 Oneida St.

St. Augustine, FL 32084

FILED
17 MAR 10 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE: 2/18/2017

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 days prior or 90 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

Rosalie Green
Required Signature of Registered Agent

2/11/2017
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.

Dalonja Duncan
Required Signature of Incorporator

2/28/2017
Date