

N17000002751

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000062140 3)))



H170000621403ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
Young Catholic Professionals - Jacksonville Corporat**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

17 MAR 13 PM 1:30

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CAPITOL SERVICES

FILED
TALLAHASSEE, FLORIDA

17 MAR 13 AM 9:55

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

D O'KEEFE

MAR 14 2017



March 13, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: YOUNG CATHOLIC PROFESSIONALS - JACKSONVILLE CORPORATION
REF: W17000021116

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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

Matthew T Moon
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000062140
Letter Number: 317A00004758

FILED
17 MAR 13 AM 9:55
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Young Catholic Profession - Jacksonville 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: Clifford Burhans
Name (Printed or typed)
1854 Bayard Pl. Apt. #1
Address
Jacksonville, FL 32205
City, State & Zip
516-729-9522
Daytime Telephone number
cliff.burhans@yopjacksonville.org
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: Young Catholic Professionals - Jacksonville Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:
Diocese of St. Augustine

11625 Old St. Augustine Rd.

Jacksonville, FL 32258

Mailing address, if different is:
Young Catholic Professionals - Jacksonville

P.O. Box 57856

Jacksonville, FL 32241

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for which the corporation is organized is exclusively for
charitable, educational, scientific, and religious purposes, or for and one of such purposes, within the meaning of section 501(c)(3)
of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent law (herein referred to as the
"Code"). Without limiting the generality of the foregoing, the purposes of the corporation are, among other things, the advancement
of religion, namely, the promotion of Catholic beliefs and ideals among professionals.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed by
the chapter leaders. Directors are prominent Catholic businessmen in Jacksonville.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melnard Rio, Director

Address: 2343 Haakins Court
Jacksonville, FL 32225

Name and Title: _____

Address: _____

Name and Title: Jeff Mall, Director

Address: 245 Riverside Avenue
Suite 100
Jacksonville, FL 32202

Name and Title: _____

Address: _____

Name and Title: Philip Timlin, Director

Address: 11730 Old St. Augustine Rd.
Jacksonville, FL 32258

Name and Title: _____

Address: _____

FILED
MAR 13 2017
AM 9:55

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: Capitol Corporate Services Inc.
Address: 155 Office Plaza Dr. Ste. A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clifford Burhans
Address: 1854 Bayard Pl. Apt. 1
Jacksonville, FL 32205

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 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

[Signature]
Required Signature of Registered Agent

3/13/2017
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.

[Signature]
Required Signature of Incorporator

3/11/17
Date

FILED
17 MAR 13 AM 9:55
TALLAHASSEE, FLORIDA