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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Christopher D Nixon 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: Christopher Nixon
Name (Printed or typed)

11445 Harts Rd
Address

Jacksonville FL 32218
City, State & Zip

904 521 9967
Daytime Telephone number

CDNCharityInc@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: Christopher D Nixon inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11445 Harts Rd

Mailing address, if different is:

Jacksonville FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Help the community or Public Charity
Also to help Kids become Merchant Sea men Crane operators
and productive in Society with successful careers

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|--|
| Name and Title: <u>Barry Marcia Mincey Jr</u> | Name and Title: <u>Burdette Williams II</u> |
| Address: <u>1060 Trenton Court Apt B</u> | Address: <u>3754 verde Garden Cut Circle</u> |
| <u>Atlantic Beach FL 32233</u> | <u>Jacksonville FL 32218</u> |
| <u>Vice President</u> | <u>Secretary</u> |

| | |
|--|-----------------------|
| Name and Title: <u>Christopher Nixon</u> | Name and Title: _____ |
| Address: <u>11445 Harts Rd</u> | Address: _____ |
| <u>Jacksonville FL 32218</u> | _____ |
| <u>Treasurer</u> | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

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17 APR -3 PM 1:57
SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA

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: Christopher Nixon

Address: 11445 Harts Rd
Jacksonville FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Nixon

Address: 11445 Harts Rd
Jacksonville FL 32218

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN 1 2017 (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

Christopher Nixon

Required Signature of Registered Agent

3-29-17

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.

Christopher Nixon

Required Signature of Incorporator

3-29-17

Date