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0EPARTHENT OF STATE

COVER LETTER

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

SUBJECT: Rollins Fami	ly Reunion, Inc.		
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	eles 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 CO	PY REQUIRED
FROM:	Patrick L. Mason	e (Printed or typed)	
	5872 Charlie-n-Janie Terrace		
		Address	-
	Tallahassee, Florida 32312		_
		ity, State & Zip	
	(850) 668 - 2060	ne Telephone number	_
	•		, ,
1	E-mail address: (to be used for for	Closehecom	cast riet

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 The name of	the corporation shall be: Rollins Family	Reunion, Inc.	
ARTICLE I	PRINCIPAL OFFICE		
587	Principal street address: 72 Charlie-n-Janie Terrace	4	Mailing address, if different is: 601 Pemberton Road
Tal	lahasssee, Fl 32312	7	allahassee, FL 32308
The purpose of the Rollin		s:of the Rollins family	xists to execute the financial and other business activities reunion is a biennial gathering of the descendants of Charles
			ct the affairs of this family gatherings. Additionally, the
corporation	will conduct other non-profit activities re	elated to preserving the	he history, traditions, and cultural contributions of the
Rollins fami	ly, as well as propogating the accomplis	hments of the Rollins	s family.
ARTICLE V Name and T	/ INITIAL OFFICERS AND/OR DII	RECTORS	Elogia R. Campfield, President
Address	4601 Pemberton Road	Address:	282 Water Oak Drive
	Tallahassee, FL 32308		Tallahassee, FL 32305
Name and T	Patrick L. Mason, member	NI 177	
Address	5872 Charlie-n-Janie Terrace Tallahassee, FL 32312	Address:	tle:

Name and Title:_	Name and Title:
Address	Address:
_	
Name and Title:_	Name and Title:
	Address:
_	
_	
	REGISTERED AGENT
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of the registered agent is: Henrietta Rollins Close
Name:	
Address:	4601 Pemberton Road
	Tallahassee, FL 32308
	INCORPORATOR dress of the Incorporator is:
Name:	Patrick L. Mason
Address:	5872 Charlie-n-Janie Terrace
	Tallahassee, FL 32312
ARTICI F VIII	EFFECTIVE DATE:
Effective date, if	other than the date of filing: (OPTIONAL) ate is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)
(II all effective u	ate is fisted, the date fitusi be specific and cannot be more than five days prior of 50 days after the iming.
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effect	tive date on the Department of State's records.
	ned as registered agent to accept service of process for the above stated corporation at the place designated in this
certificate, I am f	amiliar with and accept the appointment as registered agent and agree to act in this capacity
Henriet	CC ROCCUM COLO 24/14/20/7 Required Signature of Registered Agent Date
I submit this does	iment and affirm that the facts stated herein are true. I am aware that any false information submitted in a document
	of Stage constitutes a third degree felony as provided for in s.817.155, F.S.
_///	Required Signature of Incorporator Date Date
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