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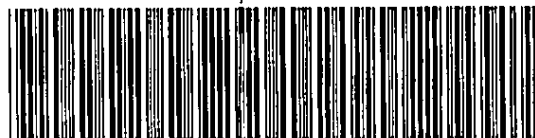
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: RESA Jacksonville Chapter, 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: Adrienne Lord

Name (Printed or typed)

5150 Palm Valley Rd. Suite 202

Address

Ponte Vedra, FL 32082

City, State & Zip

904-631-7978

Daytime Telephone number

info@homestagingjax.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: RESA Jacksonville Chapter, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5150 Palm Valley Rd. Suite 202 Ponte Vedra, FL 32082

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our chapter's purposes are to provide educational and networking opportunities to the local real estate community & our members, and to provide educational information to consumers through meetings, trade events & seminars.

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

As provided for in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adrienne Lord, President

Address: 5150 Palm Valley Rd. Suite 202
Ponte Vedra, FL 32082

Name and Title: June Carter, President Elect

Address: 2890 Eastwind Drive
Fernandina Beach, FL 32034

Name and Title: Gabriella Miller, Treasurer

Address: 14352 Crystal Cove Dr. S
Jacksonville, FL 32224

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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CLERK OF CIRCUIT
JULIA HASSEL, 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: Adrienne Lord
Address: 5150 Palm Valley Rd. Suite 202
Ponte Vedra, FL 32082

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adrienne Lord
Address: 5150 Palm Valley Rd. Suite 202
Ponte Vedra, FL 32082

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

Adrienne Lord
Required Signature of Registered Agent

Dec 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.

Adrienne Lord
Required Signature of Incorporator

Dec 13, 2017
Date