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PICK-UP	MAIT	MAIL.		
(Business Entity Name)				
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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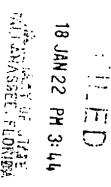
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COVER LETTER

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

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				

Coach Frank Broyles Football Fun Days, Inc.

FROM:	John Jenkins		
	Name (Printed or typed)		
	12261 Isabella Drive		
	Address		
	Bonita Springs, FL 34135		
	City, State & Zip		
	(713) 823-1760		
	Daytime Telephone number		
	jrjenks15@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) Coach Frank Broyles Football Fun Days, Inc. he name of the corporation shall be: PRINCIPAL OFFICE ARTICLE II Principal street address: Mailing address, if different is: 12261 Isabella Drive Bonita Springs, FL 34135 <u> ARTICLE III — PURPOSE</u> This corporation is organized and shall be operated exclusively for The purpose for which the corporation is organized is: educational and charitable purposes within the meaning of the Internal Revenue Code Section 501(c)(3). The specific purpose and objectives of the corporation shall include, but not be limited to: (1) providing an introduction basic football skills to elementary school children; (2) providing athletic equipment to elementary schools, and; providing financial support to the Frank Broyles Foundation for Alzheimer's disease research. MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in the byla <u>INITIAL OFFICERS AND/OR DIRECTORS</u> John Jenkins, President Name and Title: ___ Name and Title:____ 12261 Isabella Drive Address Address: Bonita Springs, FL 34135 Ron Calcagni, Vice President Name and Title: Name and Title: 340 Savannah Park Address _ Address: Conway, Arkansas 72034 Raefe Jenkins, Secretary, Treasurer Name and Title: Name and Title: 2858 County Road 3311 Address __ Address: Greenville, TX 75402

e and Title:_	1	Name and Title:	
lress _		Address:	
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Name and Title:_	1	Name and Title:	
Address		Address:	
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_			
	<u>REGISTERED AGENT</u>		
	orida street address (P.O. Box NOT accept John Jenkins	able) of the registered agent is:	-
Name:	12261 Isabella Dr.	:	100 L
Address:	Bonita Springs, FL 341	 35	JAN 22
			R III
	INCORPORATOR Idress of the Incorporator is:		S. L.
Name:	John Jenkins		Car -
Address:	12261 Isabella Dr.		
	Bonita Springs, FL 341	35	
	EFFECTIVE DATE:		
		cannot be more than five days prior or 90 days	ays after the filing.)
Note: If the date document's effect	inserted in this block does not meet the applicate on the Department of State's record	licable statutory filing requirements, this date was.	rill not be listed as the
Having been nan certificate, I am f	amiliar with and accept the appointment as	f process for the above stated corporation at the registered agent and agree to act in this capacity	he place designated in this y
Lot	Required Signature of Registered A		17 - 2018 Date
to the Departmen	t of State constitutes a third degree felony as	are true. I am aware that any false informatio provided for in s.817.155, F.S.	n submitted in a document
Lan	n Jawhins		17-2018 Date
	Required Signature of Incorpo	prator	Date