

N18000001548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

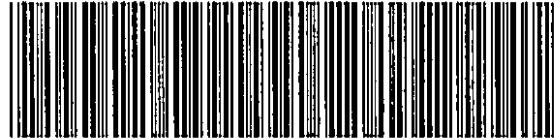
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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Connection House, 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: Joe Newton
Name (Printed or typed)

3907 Arrow Point Trail. W
Address

Jacksonville, FL 32277
City, State & Zip

904-376-5065
Daytime Telephone number

pjccj@icloud.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: Connection House, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3907 Arrow Point Trail West

Jacksonville, FL 32277

Mailing address, if different is:

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CLERK OF COURT
JACKSONVILLE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to assist families in avoiding homelessness.

The Corporation is organized exclusively

for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymond Reed, President

Address: 254 Thomas Acosta Tr.
Jacksonville, FL. 32218

Name and Title: Jonathan Pope, Vice President

Address: 3614 Rogero Rd
Jacksonville, FL. 32277

Name and Title: Jessica Harrison, Secretary

Address: 215 Herada Street
St. Augustine, FL 32080

Name and Title: Marie Reed, Director

Address: 254 Thomas Acosta Tr
Jacksonville, FL. 32218

Name and Title: Cynthia Brozovich, Director

Address: 5331 Selton Ave
Jacksonville, FL. 32277

Name and Title: Barbara Reagan, Director

Address: 3230 Greenholly Dr. W.
Jacksonville, FL. 32277

Name and Title: Joseph Newton, Director Name and Title: _____

Address: 3907 Arrow Point Trail West Address: _____
Jacksonville, FL. 32277 _____

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: Joseph Newton
Address: 3907 Arrow Point Trial W.
Jacksonville, FL. 32277

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DEPARTMENT OF STATE
PALM BEACH, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Newton
Address: 3907 Arrow Point Trail W
Jacksonville, FL. 32277

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


Required Signature of Registered Agent

2/1/2018
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.


Required Signature of Incorporator

2/1/2018
Date