

N18000001548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

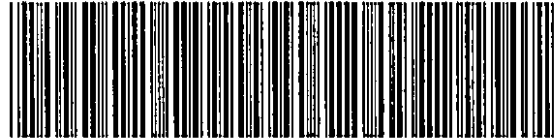
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## COVER LETTER

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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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

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

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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 Trail W.  
Jacksonville, FL. 32277

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TALLAHASSEE, FLORIDA

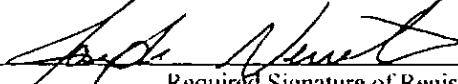
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joseph Newton

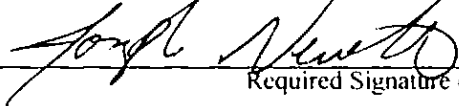
Address: 3907 Arrow Point Trail W  
Jacksonville, FL. 32277

*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