

U18000003813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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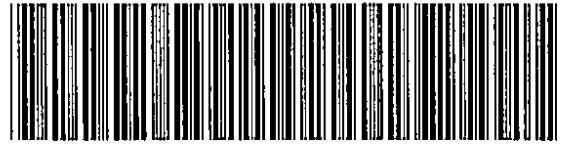
(Business Entity Name)

(Document Number)

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2018 APR -2 PM 2:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
APR 05 2018

COVER LETTER

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

SUBJECT: BONNER ADULT FAMILY CARE 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: Belinda Bonner
Name (Printed or typed)

4223 Homer Road South
Address

Jacksonville, Florida 32209
City, State & Zip

904-470-9880
Daytime Telephone number

devousgirl47@gmail.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: Bonner Family Adult Care Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6608 Homer Road East

Jacksonville, Florida 32209

Mailing address, if different is:

4223 Homer Road South

Jacksonville, Florida 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a safe and wholesome living facility and environment for adult males and females who are either homeless, or in

need of a stable living environment. To provide temporary and permanent living accomodations for both adult males and females.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: elected every 4 years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Belinda Bonner, Chief Operating Office

Address: 4223 Hommer Road South

Jacksonville, Florida 32209

Name and Title:

Address:

Name and Title: Elijah Bonner, Chief Financial Officer

Address: 4223 Homer Road South

Jacksonville, Florida 32209

Name and Title:

Address:

Name and Title: Tracy Phillips Director of Operations

Address: 7431 Richardson Road

Jacksonville, Florida 32209

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR -2 PM 2:25

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: D. George Gaffney
Address: 5633 Cleveland Road
Jacksonville, Florida

2018 APR -2 PM 2:25
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Belinda Bonner
Address: 4223 Homer Road
Jacksonville, Florida 32209

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 1, 2018. (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


Required Signature of Registered Agent

3/28/18
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

3/28/18
Date