

N18000006287

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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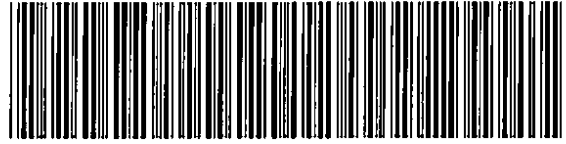
(Business Entity Name)

(Document Number)

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N CULLIGAN

JUN 11 2018

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## COVER LETTER

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

SUBJECT: Not Just A Holiday Outreach, 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: Janina Jones  
Name (Printed or typed)

9320 Milleduke Rd.  
Address

Tallahassee, FL 32309  
City, State & Zip

239.247.9005  
Daytime Telephone number

Admin@notjustaholidayoutreachinc.org  
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: Not Just A Holiday Outreach, Inc. FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

9320 Miccosukee Rd.

Tallahassee, FL 32309

Mailing address: if different from principal office  
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OFFICE OF STATE  
ATTORNEY GENERAL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide household item + cleaning  
Supplies such as toilet paper, paper towels, laundry detergent etc  
Free of charge to All seniors over the age of 65 on a monthly  
basis in order to free up finances for bills or other activities.  
We will partner with rehabs, meals on wheels and other senior  
agencies to accomplish this.

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

Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: President - Jania Jones Name and Title: V.P. - Tari Jones

Address: 9320 Miccosukee Rd. Address: 1540 Live Oak Dr.  
Tallahassee, FL 32309 Fort Myers, FL 32309

Name and Title: Sec - Alice Marie Terry Name and Title: Treas - Tiffany Sallers

Address: 2074 Midyette Rd. Address: 9901 Chiana Circle  
Apt #228 Fort Myers, FL 33905  
Tallahassee, FL 32301

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

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tania Jones  
 Address: 9320 Miccosukee Rd.  
Tallahassee, FL 323901

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 SECRETARY OF STATE  
 TALLAHASSEE, FL 32399

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tania Jones  
 Address: 9320 Miccosukee Rd.  
Tallahassee, FL 32309

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 7.1.2018 (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

6.11.18  
 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

6.11.18  
 Date