· · · · · · · · · · · · · · · · · · ·	
NI800	0006856
(Requestor's Name)	
(Address)	500304902425
(Address)	
(City/State/Zip/Phone #)	10/26/1701023015 **78.75
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	18 JUN 22
Office Use Only	14 14 14 14 14 14 14 14 14 14 14 14 14
N SAMS	
22. 22. 2018	

ċ

## **COVER LETTER**

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

Incorprate . F. J SUBJECT: SUFFIÑ)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

S70.00 Filing Fee

M \$78.75 Filing Fee & Certificate of Status DS78.75 Filing Fee & Certified Copy

\$87,50
Filing Fee,
Certified Copy
& Certificate

## ADDITIONAL COPY REQUIRED

lorma <u>okin</u> FROM: East Main Street City, State & Zip 85- 4983 Daytime Telephone number pKiNO40 a mail, COM E-mail address: (to be use

NOTE: Please provide the original and one copy of the articles.

FAE NA 3210686273

8

JUN 22

PH 3:

TE ASSET FLORIDA



÷.,

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2017

NORMA J. LUMPKIN 2731 EAST MAIN STREET MIMS, FL 32754

SUBJECT: H.F.J. WEST INCORPORATED Ref. Number: W17000086188

We have received your document for H.F.J. WEST INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s).

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information http://dos.myflonda.com/sunbiz/search/guides/corporation-records/titleabbreviation's/

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052

Nadira D McClees-Sams Regulatory Specialist II

والمراجع والمناجع والمستعلق المستعلم والمناجع والمحرجين المحرج والمحرج والمحرج والمحرج Letter Number: 417A00021754

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

,	1.19 · 51	2018/FR1	10:E2 AM	Diagnostic	lmag
---	-----------	----------	----------	------------	------

.

	S OF INCORPORATION th Chapter 617, F.S., (Not for Prot	ìn
ARTICLE I NAME The name of the corporation shall be: H.F. J.	Nest Inc.	
<u>ARTICLE II PRINCIPAL OFFICE</u>		2018 JUN 22 PH 12: 18
Principal <u>street</u> address: <u>27:31 East Main St</u>	Mailing Mailing	addressylf different is: IMERCIAL INFORMATION SERVICES
Mims, FL 32754		<u></u>
<u>IRTICLE III PURPOSE</u> The purpose for which the corporation is organized is: <u>CITZE CMS</u> M. THE N		+ + 18 JUN 22 PH 3:
ARTICLE IN MANNER OF ELECTION The manner Appointed by DIRCHDC.	er in which the directors are elected	and appointed.
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	ORS	
Name and Title: 1. 1. 1. Name and Title: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	rtanc and Title Veronic	a Skares-Secretary
Address <u>2131 East Main St</u> <u>Mins, FL 32759</u>	Address: <u>6250</u>	Man.Ila D.V. 4 FL 32.927
Manie and Title: Br+++ Bryant= Treasu	Name and Title V <u>ANCSSC</u>	LOCKIVIT-5
Address 2803 W Hickory Chick	Address: 1649	Amarillis Circh
Mins, Flonda 32730	Driana	<u>\$7.37825</u>
Name and Title:	Name and Title.	
Address	Address:	

## 11 11197781 1191 AM Diagnostic Imaging -EAX 10.3211683278

Name and Title:	Name and Title:
Address	Address:
	······································
Name and Title:	Muses and Tisla
Name and Thie	
Address	Address:
	· · · · · · · · · · · · · · · · · · ·

<u>ARTICLE VI</u> The name and :	<u>REGINTERED AGENT</u> Florida struct address (PO Box NOT acceptable) of the registered agent is:	
Name:	Chann Fairdough	
Address:	236212 Harry T: Moore Avenue	
	Mirms, FL 32754	
ARTICLE VII	INCORPORATOR address of the Incorporator is:	Riny
Name:	Norma Jean Lumpkin	
Address	2731 East Noum Street	
	Mims, FL 32739	

<u>ARTICLE VIII EFFECTIVE DATE:</u> Effective date, if other than the date of filing: \_ NIC

Effective date, if other than the date of filing: <u>NIP</u> (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 standory filling requirements, this date will not be loted 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

Shann Jarchy Required Signature of Registered Agent

10-10-17.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submittee in a document to the Department of State constitutes a third degree felony as provided for in \$.817,155, F.S.

Required Signature of Incorporator arma 5

10-6-17

F791

8

JUII 22 PM 3: 14

The purpose of the corporation is to provide support (financial, volunteering etc.) to the residents of Mims, Florida. Our purpose is accomplished through.

Back to School giveaways

(Clothing, backpacks, supplies)

Thanksgiving baskets to family and elderly residents (Meals and supplies)

Christmas Giveaways to elderly residents and families in need.

(Gifts, paper products, toys, meals)

Bereavement support

(Meals, paper products)

Father Daughter Dances (Meals, raffles)

Mother's Day Celebrations (Speakers.contest.meals,raffles) 18 JUN 22 PM 3: 14 rationingsel. (Torion

102