

719 000000 842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300323225773

01/22/19--01023--006 **78.75

JAN 22 AM 8:38
FEB 13 2019

COVER LETTER

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

SUBJECT: JEM Fundraisers 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: James E McCurdy Jr.

Name (Printed or typed)

319 Miami St.

Address

Lakeland, FL 33805

City, State & Zip

(863) 682-0210

Daytime Telephone number

mccurdy.jamesonearmplayer@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: JEM Fundraisers Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
319 Miami St.

Lakeland, FL 33805

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pool tournament association

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected at the annual :

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James E McCurdy Jr. President Name and Title: _____

Address 319 Miami St. Address: _____
Lakeland, FL 33805

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2019 JUN 22 AM 8:38
FILED
CLERK OF DISTRICT COURT
JULY 1 2019

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: Registered Agents Inc.

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James E McCurdy Jr.

Address: 319 Miami St.

Lakeland, FL 33805

ARTICLE VIII EFFECTIVE DATE:

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

01/11/2019

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

1-17-19

Date