

NA000000996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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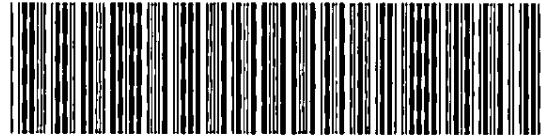
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 30 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/30/19--01013--010 **87.50

RECEIVED

19 JAN 30 PM 2:24

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Pall Bearers Union District 2, 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: DON LEVON JONES
Name (Printed or typed)

395 Kaptain Drive
Address

Monticello, FL 32344
City, State & Zip

850 459 8585
Daytime Telephone number

donlevonjones@yahoo.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: Pall Beavers Union District 1, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

DON LEVON JONES
395 Kaptain Drive
MONTICELLO FL 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purposes for which this corporation is formed are to operate exclusively for charitable, religious, and educational purposes as set forth in Section 501(c)(3) of the Internal Revenue Code of 1986, including, for such purposes, the making of distributions to organizations that qualify as tax exempt organizations under Section 501(c)(3) of such code, or any corresponding provisions of any subsequent federal tax law.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The directors shall be elected yearly at the annual business meeting by the voting members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Don Levon Jones, President Name and Title: _____

Address: 395 Kaptain Drive Address: _____

MONTICELLO, FL 32344

Name and Title: Shirley G Scott ^{Vice} President Name and Title: _____

Address: 712 12th Street Address: _____

Perry FL 32348

Name and Title: Annie M. Porter, Secretary Name and Title: _____

Address: 202 N. Clark Street Address: _____

Perry FL 32347

SECRETARY OF STATE
JILL AHASSEE, FLPSM

2019 JAN 30 PM 2:29

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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: DON LEVON JONES

Address: 395 Kaptain Drive
MONTICELLO, FL 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DON LEVON JONES

Address: 395 Kaptain Drive
MONTICELLO, FL 32344


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.)

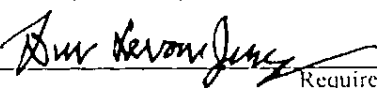
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1-30-2019
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

1-30-2019
Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32310