

19000001924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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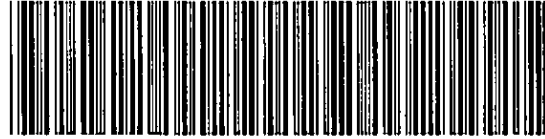
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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BY MAIL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2019

JAMARE HALL
5255 NW 29TH AVE, APT 503
MIAMI, FL 33142

SUBJECT: THE JAMARE HALL FOUNDATION, INC.
Ref. Number: W19000013768

2019 FEB 22 PM 4:46

We have received your document for THE JAMARE HALL FOUNDATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the principal office address to be a street address.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 619A00002997

COVER LETTER

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

SUBJECT: The Jamare Hall Foundation, 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: Jamare Hall
Name (Printed or typed)

5255 NW 29th Ave Apt #503
Address

Miami, FL 33142
City, State & Zip

(904) 352-4039
Daytime Telephone number

JamareHall@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: The Jamare Hall Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5255 NW 29th Ave Apt #503
Miami, FL 33142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist inner-city residents with overcoming generational instability through education and making available necessary resources that will assist in overcoming limitations, exclusively for charitable and educational purposes, including, for such purposes, the making of distributions to organizations that qualify for exempt organizations under 501(c)(3) of the Internal Revenue Code, or the corresponding
of any future Federal tax code.

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

By the majority vote of the Board of Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

<u>Board of Director</u>	
Name and Title: <u>Jamare Hall (CEO/Founder)</u>	Name and Title: <u>Debra Paine (Board of Director)</u>
Address: <u>5255 NW 29th Ave #503</u>	Address: _____
<u>Miami, FL 33142</u>	_____

Name and Title: <u>Derryla Oglesby (Board of Director)</u>	Name and Title: _____
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Address: _____	Address: _____
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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HALL COUNTY, FLORIDA

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:

Jamone Hall

Address:

5255 NW 20th Ave Apt #503
Miami, Florida 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Jamone Hall

Address:

5255 NW 20th Ave Apt #503
Miami, FL 33142

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

Date

2/18/19

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

Date

2/18/19

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TALLAHASSEE, FLORIDA