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(Requestor's Name)	
(Address) (Address)	800331622178
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	ມີ7/ມີ8/18ຍີ່ເປີດຄືຍີ່ຂີວິ ຈັ⊽7ີບ.ບີດ
Certified Copies Certificates of Status	
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COVER LETTER

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

1.

SUBJECT:	FRANCES PERFORMING AND PRACTICAL ARTS 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 Status

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S78.75 Filing Fee & Certified Copy San States State

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ADDITIONAL COPY REQUIRED

ROBIN M. WILCOX

FROM:

Name (Printed or typed)

6631 GENTLE OAKS DR E

Address

JACKSONVILLE, FL 32244-3662

City, State & Zip

904-405-9702

Daytime Telephone number

FLORIDAHELPNETWORK@USE.STARTMAIL.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 FRANCES PERFORMING AND PRACTICAL ARTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
1628 San Marco Blvd, Suite 14B	6631 Gentle Oaks Drive E
Jacksonville, FL 32207	Jacksonville, FL 32244-3662
<u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: educational, and scientific purposes under Section 501(c)(3) of the	zation is organized exclusively for charitable, religious,
future federal tax code.	<u></u>
ARTICLE III(A) DISSOLUTION	
Upon dissolution of this organization, assets shall be distributed for	or one or more exempt purposes within the meaning of
Section 501(c)(3) of the Internal Revenue Code, or corresponding	section of any future federal tax code, or shall be

distributed to the federal government, or to a state or local government, for a public purpose.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Robin M. Willcox, PST	Name and Titl	Katanga W. Gilley, Director	_	
Address	6631 Gentle Oaks Dr E		6631 Gentle Oaks Dr E		
	Jacksonville, FL 32244-3662		Jacksonville, FL 32244-3662	2019 SEC TALL	
					Fi
Name and Title	Kenyannya Wilcox, Director	Name and Titl	e:	119 JUL -8 AM II: 15 ECRETARY OF STATE LLAHASSEE, FLORIDA	{
Address	6631 Gentle Oaks Drive E				F TI
	Jacksonville, FL 32244-3662				\bigcirc
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Name and Title			e:	_	
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		*	
<u>IRTICLE VI</u>	EGISTERED AGENT		
he <u>name and Flo</u>	<u>EGISTERED AGENT</u> rida street address (P.O. Box NOT acce Robin M. Wilcox	ptable) of the registered agent is:	
he <u>name and Flo</u> Name.	rida street address (P.O. Box NOT acce		
he <u>name and Flo</u>	rida street address (P.O. Box NOT acce Robin M. Wilcox 6631 Gentle Oaks Dr	E	
he <u>name and Flo</u> Name.	rida street address (P.O. Box NOT acce Robin M. Wilcox	E	
he <u>name and Flo</u> Name. Address: <u>RTICLE VII</u>	rida street address (P.O. Box NOT acce Robin M. Wilcox 6631 Gentle Oaks Dr Jacksonville, FL *3224	E	
he <u>name and Flo</u> Name. Address: (<u>RTICLE VII</u>) he <u>name and add</u>	rida street address (P.O. Box NOT acce Robin M. Wilcox 6631 Gentle Oaks Dr Jacksonville, FL *3224 NCORPORATOR	E	
The <u>name and Flo</u> Name. Address: <u>RTICLE VII</u> The <u>name and add</u> Name:	rida street address (P.O. Box NOT acce Robin M. Wilcox 6631 Gentle Oaks Dr Jacksonville, FL *3224 <u>NCORPORATOR</u> Tress of the Incorporator is: Robin M. Wilcox	E 4 • `	
he <u>name and Flo</u> Name. Address: (<u>RTICLE VII</u>) he <u>name and add</u>	rida street address (P.O. Box NOT acce Robin M. Wilcox 6631 Gentle Oaks Dr Jacksonville, FL *3224 NCORPORATOR	E E	
he <u>name and Flo</u> Name. Address: <u><i>RTICLE VII</i></u> he <u>name and add</u> Name: Address:	rida street address (P.O. Box NOT acce Robin M. Wilcox 6631 Gentle Oaks Dr Jacksonville, FL *3224 <u>NCORPOR 4 TOR</u> tress of the Incorporator is: Robin M. Wilcox 6631 Gentle Oaks Dr	E 4 • * E 44	

<u>Note:</u> 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 approximation with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

<u>6-30-19</u> Date

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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

<u>6-30-19</u> Date