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SEP 16 2019

2019 SEP 16 PM 12:45

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ATTORNEY GENERAL  
OFFICE

FILED

## COVER LETTER

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

SUBJECT: Carelus Mason Jones 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: Elda Carelus  
\_\_\_\_\_  
Name (Printed or typed)

701 SW 109 Ave  
\_\_\_\_\_  
Address

Pembroke Pines, FL 33025  
\_\_\_\_\_  
City, State & Zip

(954) 682-7471  
\_\_\_\_\_  
Daytime Telephone number

eldacarelus40@yahoo.com  
E-mail address: (to be used for future annual report notification)

FILED  
2018 SEP 16 PM 1:03  
CLERK OF STATE  
TALLAHASSEE, FL 32304

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

## ARTICLES OF INCORPORATION

### ARTICLE I

The name of this corporation shall be **Carelus Mason Jones Inc.**

### ARTICLE II

Principal Office 701 SW 109 Ave Pembroke Pines, FL 33025

### ARTICLE III Purpose

To establish and maintain training programs for youth development on both educational and vocational levels. These programs are designed with the focus our youth being prepared for life and its diversity.

#### Paragraph I

Said corporation is organized exclusively for charitable, religious and educational purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code.

#### Paragraph II Dissolution

On the dissolution or winding up of said corporation, all assets remaining after payment, or provision of payment of all debts and liabilities of this corporation shall be distributed to a nonprofit fund. Foundation or corporation, which is organized and operated exclusively for Religious, Charitable and Educational purposes under section 501(c)(3) of the Internal Revenue Code. All articles and/or amendments of the corporation shall be terminated.

### ARTICLE IV MANNER OF ELECTION

Directors shall be appointed by the officers to serve an initial term of one year.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Elda Carelus/ President  
701 SW 109 Ave  
Pembroke Pines, FL 33025

Rollie Mason/Vice President  
2345 SW 97 Ave  
Pembroke Pines, FL 33025

Johnathan T. Jones/Secretary  
9876 SW 7<sup>th</sup> Street  
Pembroke Pines, FL 33025

Kayla James/Treasurer  
3117 SW 85 Ave  
Pembroke Pines, FL 33025

Jerry Sutherland/Asst. Treasurer  
923 SW 109 Ave  
Pembroke Pines, FL 33025

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2018 SEP 16 PM 1:04  
CLERK OF DISTRICT COURT  
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: Elda Carelus  
 Address: 701 SW 109 Ave  
Pembroke Pines, Fl 33025

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elda Carelus  
 Address: 701 SW 109 Ave  
Pembroke Pines, Fl 33025

FILED  
 2019 SEP 16 PM 1:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Sept 16, 2019 (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*

<u>Elda Carelus</u>	<u>Sept 13, 2019</u>
Required Signature of Registered Agent	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.*

<u>Elda Carelus</u>	<u>Sept 13, 2019</u>
Required Signature of Incorporator	Date