

719000012025

(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 _____

Special Instructions to Filing Officer:

Office Use Only

W19000090853

DEC 02 2019

T. SCOTT



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FALL BRASSER, ALABAMA
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2019

DR. FRANCIS IKEOKWU
13589 ASHFORD WOOD CT W
JACKSONVILLE, FL 32218

SUBJECT: DYNAMIC FRIENDS OF JACKSONVILLE, INC.
Ref. Number: W19000090853

We have received your document for DYNAMIC FRIENDS OF JACKSONVILLE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 719A00020995

COVER LETTER

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

SUBJECT: Dynamic Friends of Jacksonville, 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: Dr. Francis Ikeokwu, Sr

Name (Printed or typed)

3589 Ashford Wood Ct., W.

Address

Jacksonville, Florida 32218

City, State & Zip

(904) 254 - 9343

Daytime Telephone number

fikeokwu@ewc.edu

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: Dynamic Friends of Jacksonville, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

13589 Ashford Wood Ct., W, Jacksonville, FL 32218 P. O. Box 43092, Jacksonville, FL 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

SUPPORT MEMBERS AND THEIR FAMILIES SOCIALLY, FINANCIALLY, AND EMOTIONALLY IN TIMES OF NEED, HAPPINESSES AND SORROW, AS STRONG PROFESSIONAL IGBO-MEN SUPPORTING MEMBERS AND THEIR FAMILIES TOWARDS A BRIGHTER FUTURE

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

THROUGH VOTING DURING SCHEDULED MEMBERSHIP GENERAL MEETINGS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Name and Title: FRANCIS IKEOKWU, Director Name and Title: _____

Address 13589 Ashford Wood. Ct., W, Jacksonville, FL 32218 Address: _____

Name and Title: PETER OKOLI, Assistant Director Name and Title: _____

Address 12354 Cherry Bluff Drive, Jacksonville, FL 32218 Address: _____

Name and Title: CHIDIMMA MADUBUIKE, Treasurer Name and Title: _____

Address 285 Pullman Circle, St. Augustine, FL 32084 _____

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ARTICLE VI, REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Dr. Francis Ikeokwu, Sr.
Address: 13589 Ashford Wood Ct., W., Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Francis Ikeokwu, Sr.
Address: 13589 Ashford Wood Ct., W., Jacksonville, FL 32218

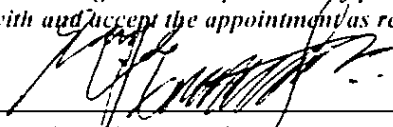
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2020. (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

11/14/19
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

11/14/19
Date