3/2/2020

# Fibrida Departmen of State Division of Corporations Electronic Fining Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000069860 3)))



H200000698603ABC+

| ٦٠                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2020     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 艺艺       |
| i.<br>ASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ₹-2      |
| The state of the s |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PK       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | կ։ 2     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -2 PM    |
| ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
| 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>!</b> |
| S. S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |
| SUPPLIES TO THE SECOND  | <b>!</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SSE F. I |

Electronic Filing Menu

Corporate Filing Menu

Help

# COVER LETTER

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

Operation Jacks Village Inc. SUBJECT:

(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: | Cheyenne Moseley, LegalZoom.com, Inc.                             |  |  |  |  |
|-------|-------------------------------------------------------------------|--|--|--|--|
|       | Name (Printed or typed)                                           |  |  |  |  |
|       | 101 N. Brand Blvd., 10th Floor                                    |  |  |  |  |
|       | Address                                                           |  |  |  |  |
|       | Glendale, CA 91203                                                |  |  |  |  |
|       | City, State & Zip                                                 |  |  |  |  |
|       | 323.962.8600 x 7625                                               |  |  |  |  |
|       | Daytime Telephone number                                          |  |  |  |  |
|       | onlinefilings@Legalzoom.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)

| RTICLE                                                    | PRINCIPAL OFFICE                                                                                                                                          |                                                                                                          |                                                                                                                                       |              |              |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| IKT K. 1312 J                                             | <del></del>                                                                                                                                               |                                                                                                          | 14.11                                                                                                                                 | ,            |              |
| 311                                                       | Principal <u>street</u> address:<br>19 Phoenix Avenue                                                                                                     |                                                                                                          | Mailing address, if different                                                                                                         | is: A(       | 2020         |
| Ok                                                        | dsmar, FL 34677                                                                                                                                           |                                                                                                          |                                                                                                                                       |              | ÄR           |
|                                                           |                                                                                                                                                           |                                                                                                          |                                                                                                                                       | <u> </u>     | 2            |
|                                                           | <del></del>                                                                                                                                               |                                                                                                          |                                                                                                                                       |              | 70           |
| ARTICLE II                                                | II PURPOSE for which the corporation is organize                                                                                                          | Please see attached                                                                                      |                                                                                                                                       |              | <del></del>  |
| i ne purpose                                              | for which the corporation is organize                                                                                                                     | ed is:                                                                                                   | <u> </u>                                                                                                                              | <del>-</del> | 22           |
|                                                           |                                                                                                                                                           |                                                                                                          | <u> </u>                                                                                                                              |              | <del>-</del> |
|                                                           |                                                                                                                                                           |                                                                                                          |                                                                                                                                       | ·····        |              |
|                                                           |                                                                                                                                                           |                                                                                                          |                                                                                                                                       | <del></del>  |              |
|                                                           |                                                                                                                                                           |                                                                                                          |                                                                                                                                       |              |              |
|                                                           |                                                                                                                                                           |                                                                                                          |                                                                                                                                       |              |              |
|                                                           |                                                                                                                                                           |                                                                                                          |                                                                                                                                       |              |              |
|                                                           | MANNER OF ELECTION Trectors of the corporation are elected                                                                                                |                                                                                                          | ctors are elected and appointed:                                                                                                      | e method by  | ,<br>        |
| vhich the di                                              | INITIAL OFFICERS AND/OR                                                                                                                                   | or appointed will be stated                                                                              | in the bylaws.                                                                                                                        | e method by  | , <u>.</u>   |
| which the di                                              | INITIAL OFFICERS AND/OR tle: Elizabeth Martin, P, D                                                                                                       | or appointed will be stated  DIRECTORS  Name and Title                                                   | in the bylaws.  Paul Martin, T, D                                                                                                     | e method by  |              |
| which the di                                              | INITIAL OFFICERS AND/OR  tle: Elizabeth Martin, P, D  3119 Phoenix Avenue                                                                                 | or appointed will be stated                                                                              | in the bylaws.  Paul Martin, T, D  3119 Phoenix Avenue                                                                                | e method by  |              |
| which the di                                              | INITIAL OFFICERS AND/OR tle: Elizabeth Martin, P, D                                                                                                       | or appointed will be stated  DIRECTORS  Name and Title                                                   | in the bylaws.  Paul Martin, T, D                                                                                                     | e method by  | <u>'</u>     |
| which the di                                              | INITIAL OFFICERS AND/OR  tle: Elizabeth Martin, P, D  3119 Phoenix Avenue  Oldsmar, FL 34677                                                              | or appointed will be stated  DIRECTORS  Name and Title Address:                                          | in the bylaws.  Paul Martin, T, D  3119 Phoenix Avenue  Oldsmar, FL 34677                                                             | e method by  | ,            |
| which the di  IRTICLE V  Name and Ti  Address             | INITIAL OFFICERS AND/OR  tle: Elizabeth Martin, P, D  3119 Phoenix Avenue  Oldsmar, FL 34677                                                              | or appointed will be stated  DIRECTORS  Name and Title Address:  Name and Title                          | in the bylaws.  Paul Martin, T, D  3119 Phoenix Avenue  Oldsmar, FL 34677                                                             | e method by  | ,            |
| which the di  ARTICLE V  Name and Ti  Address             | INITIAL OFFICERS AND/OR  tle: Elizabeth Martin, P, D  3119 Phoenix Avenue  Oldsmar, FL 34677  tle: Brandy Hartin, S, D                                    | or appointed will be stated  DIRECTORS  Name and Title Address:                                          | in the bylaws.  Paul Martin, T, D  31 19 Phoenix Avenue  Oldsmar, FL 34677  Dennis Hartin, D  3115 Phoenix Avenue                     | e method by  |              |
| which the di  ARTICLE V  Name and Ti  Address             | INITIAL OFFICERS AND/OR  tle: Elizabeth Martin, P, D  3119 Phoenix Avenue Oldsmar, FL 34677  tle: Brandy Hartin, S, D  3115 Phoenix Avenue                | or appointed will be stated  DIRECTORS  Name and Title Address:  Name and Title                          | in the bylaws.  Paul Martin, T, D  31 19 Phoenix Avenue  Oldsmar, FL 34677  Dennis Hartin, D                                          | e method by  | ,            |
| which the di  IRTICLE V  Name and Ti  Address  Address    | INITIAL OFFICERS AND/OR  tle: Elizabeth Martin, P, D  3119 Phoenix Avenue  Oldsmar, FL 34677  Brandy Hartin, S, D  3115 Phoenix Avenue  Oldsmar, FL 34677 | or appointed will be stated  DIRECTORS  Name and Title Address:  Name and Title Address:                 | in the bylaws.  Paul Martin, T, D  31 19 Phoenix Avenue  Oldsmar, FL 34677  Dennis Hartin, D  31 15 Phoenix Avenue  Oldsmar, FL 34677 |              | ,            |
| which the di  IRTICLE V  Name and Ti  Address  Address  . | tle:  Brandy Hartin, S, D  3115 Phoenix Avenue Oldsmar, FL 34677  Oldsmar, FL 34677                                                                       | or appointed will be stated  DIRECTORS  Name and Title Address:  Name and Title Address:  Name and Title | in the bylaws.  Paul Martin, T, D  31 19 Phoenix Avenue  Oldsmar, FL 34677  Dennis Hartin, D  31 15 Phoenix Avenue  Oldsmar, FL 34677 |              | ,            |
| which the di  IRTICLE V  Name and Ti  Address  Address  . | INITIAL OFFICERS AND/OR  tle: Elizabeth Martin, P, D  3119 Phoenix Avenue  Oldsmar, FL 34677  Brandy Hartin, S, D  3115 Phoenix Avenue  Oldsmar, FL 34677 | or appointed will be stated  DIRECTORS  Name and Title Address:  Name and Title Address:  Name and Title | in the bylaws.  Paul Martin, T, D  31 19 Phoenix Avenue  Oldsmar, FL 34677  Dennis Hartin, D  31 15 Phoenix Avenue  Oldsmar, FL 34677 |              | ,            |
| Name and Ti<br>Address<br>Name and Ti                     | tle:  Brandy Hartin, S, D  3115 Phoenix Avenue Oldsmar, FL 34677  Oldsmar, FL 34677                                                                       | or appointed will be stated  DIRECTORS  Name and Title Address:  Name and Title Address:  Name and Title | in the bylaws.  Paul Martin, T, D  31 19 Phoenix Avenue  Oldsmar, FL 34677  Dennis Hartin, D  31 15 Phoenix Avenue  Oldsmar, FL 34677 |              | ,            |

| Name and Title:_                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name and Title:                                                                                                                 |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Address _                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address:                                                                                                                        |
| _                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |
| _                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |
| Name and Title:_                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name and Title:                                                                                                                 |
| Address                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address:                                                                                                                        |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |
| _                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |
| · · ·                                     | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |
| ARTICLE VI                                | REGISTERED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                                                                               |
|                                           | orida street address (P.O. Box NOT accep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ptable) of the registered agent is:                                                                                             |
| Name:                                     | Emily Martin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                                                                                                               |
| Address:                                  | 3119 Phoenix Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |
|                                           | Oldsmar, FL 34677                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del>                                                                                                                     |
|                                           | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                                                                                                                     |
| ARTICLE VII                               | INCORPORATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
| The name and ad                           | dress of the Incorporator is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                 |
| Name:                                     | Cheyenne Moseley, Legalzoom.com, I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Inc.                                                                                                                            |
| Address:                                  | 101 N. Brand Blvd. 11th Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ·<br>                                                                                                                           |
|                                           | Glendale, CA 91203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 |
| ARTICI F VIII                             | EFFECTIVE DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |
| Effective date, if                        | other than the date of filing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (OPTIONAL)                                                                                                                      |
| (If an effective di<br>after the filing.) | ate is listed, the date must be specific an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ed cannot be more than five business days prior or 90 business days                                                             |
| Note: If the date document's effect       | inserted in this block does not meet the ap-<br>ive date on the Department of State's reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | oplicable statutory filing requirements, this date will not be listed as the ords.                                              |
| Having been nan<br>certificate, I am fo   | ned us registered agent to accept service of the service of the appointment as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of process for the above stated corporation at the place designated in this sregistered agent and agree to act in this capacity |
| Gara                                      | The state of the s | Emily Martin 2/9/2020                                                                                                           |
|                                           | Required Signature of Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Agent Date                                                                                                                      |
| I submit this docu                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | in are true. I am aware that any false information submitted in a document                                                      |
| ·                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                               |
|                                           | Required Signature of Incorp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | $\frac{3/02/2020}{\text{Date}}$                                                                                                 |

#### H20000069860 3

#### Attachment to

## Articles of Incorporation of

### Operation Jacks Village Inc.

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under the section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The business activity for said organization is as follows: Community Environment Model that operates on donations Educates, Researches, and rewards others int the community to combat the complex issue Teen Anxiety and Suicide in our area.

No part of the net earnings of this organization shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein. No substantial part of the activities of this corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of this document, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of this corporation, assets remaining shall be distributed for 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. Any such assets not so disposed of shall be disposed by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.