# N2000008059

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· · · · · · · · · · · · · · · · · · ·

•

•

600347394116

07/06/20--01029--005 \*\*70.00

2020 JUL -6 AM II: 22

Office Use Only

## · , · ·

### **COVER LETTER**

• •

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

# MOSE & ADELL JACKSON FOUNDATION, 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

S87.50
 Filing Fee,
 Certified Copy
 & Certificate

R

••

22

#### ADDITIONAL COPY REQUIRED

J. Patrick Floyd FROM: \_\_\_\_\_

Name (Printed or typed)

408 Long Avenue

Address

Port St. Joe, FL 32456

City, State & Zip

850-227-4236

Daytime Telephone number

j.patricktloyd@jpatrickfloyd.com

E-mail address: (to be used for future annual report notification)



#### . .

#### ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

#### ARTICLE I NAME

#### MOSE & ADELL JACKSON FOUNDATION, INC.

The name of the corporation shall be:

#### ARTICLE II \_\_\_PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:		
203 Hill Street	P.O. Box 1343		
Wewahitchka, FL 32465	Wewahitchka, FL 32465		

The purpose for which the corporation is organized is: To provide aid and monetary relief for food, supplies and basic

necessities in memory of Mose and Adell Jackson to impoverished children and families globally.

 	 	/ ^ / ^ / ^ / ^ / ^ / ^ / ^ / ^ /	202	
 	 <u> </u>		טע מי	
 	 	HAX	- - -	1 1 1
 	 		AMI	Enward 3 A C
 	 		1:2	CID4
 	 	ानं	- <del>ro</del> -	

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

\_\_\_\_\_

be elected by officers for three year terms.

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Johnny L. Jackson Sr (President)	_ Name and Title	Shirley A. Jackson (Vice President)
	P.O. Box 54	Address:	7508 Shadow Bay Drive
	Wewahitchka, FL 32465	_	Panama City, FL 32404
Name and Title	Tracy Owens (Secretary)	<ul> <li>Name and Title</li> </ul>	Joseph L. Jackson Jr (Director)
Address	515 West Creckview Drive		203 Hill Street
	Wewahitchka, FL 32465	_	Wewahitchka, FL 32465
Address	Jason Roulhae (Director)	– Name and Title	Terry Myers (Director)
	7508 Shadow Bay Drive	Address:	5501 Frank Hough Road
	Panama City, FL 32404		Panama City, FL 32404

Name and/Title	Sandra Hunter (Director)	Name and Title	Laveka Jackson (Director)		
Address	214 Hill Circle		P.O. Box 54		
	Wewahitehka, F1, 32465		Wewahitchka, FL 32465		
Name and Title	April Brown (Director)	Name and Title			
Address	51 Misty Morning Lane Trenton, N1-08638	Address:			
Name:	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT ac Johnny Jackson 228 Hill Circle	cceptable) of the regis	stered agent is:		
Address:	Wewahitehka, FL 32465			2020 JUL -	وم و بسته و ا
	<u>INCORPORATOR</u>			6	anguets A J J M M L L L L
inc <u>name and</u>	address of the Incorporator is:			ing A	
Name:	J. Patrick Floyd			AM II: 22 OF STATE SEE, FL	میں بنا اور بنا
Address:	408 Long Avenue			22 Vite	
	Port St. Joe, FL 32456				
	·····				

<u>ARTICLE VIII – EFFECTIVE DATE:</u>

Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

John L Partan Required Signature of Registered Agent

6-25-20

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of Styre constitutes a third degree felony as provided for in s.817.155, F.S.

A. Patrice Hero Required Signature of Incorporator

6 30 2020