

N200000009494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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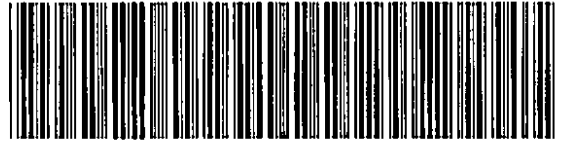
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/10/20 10:00:00 013 **/8.75

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CLERK OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: The Deaf Connection Inc

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: Rodney Rensch
Name (Printed or typed)

7925 Merrill Rd #2216
Address

Jacksonville, FL 32277
City, State & Zip

704-437-4833
Daytime Telephone number

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

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

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FL DIVISION OF STATE
CORPORATIONS, FL

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The Deaf Connection, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2516 Lamee Ave

Jacksonville, FL 32207

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To meet the spiritual, emotional,
social and educational need of the Deaf Community in
Jacksonville, as well as other Communities connected
to us on internet

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Vote by
members of organization

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rodney Benusch Director Name and Title: Donnie Hutto - Historian

Address: 3925 Merrill Rd Address: 680 Mayport Rd
Jacksonville, FL 32217 Atlantic Beach, FL 32233

Name and Title: Dixon Forsythe - Treasurer Name and Title: _____

Address: 11118 Atlantic Blvd #301 Address: _____
Jacksonville, Florida
32226

Name and Title: Herbie Quinones, Secretary Name and Title: _____

Address: 37388 Orange St Address: _____
Hilliard, FL 32046

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STATE
FL

Name and Title: Rev Donnie Hutto Board Member
Address: 480 Mayport Rd
Atlantic Beach, FL 32233

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dixon Forsythe
Address: 11110 Atlantic Beach Blvd
Jacksonville, FL, 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cheryl Rensch
Address: 7925 Merrill Rd
Jacksonville, FL 32207

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JACKSONVILLE, FL

ARTICLE VIII EFFECTIVE DATE:

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

Dixon L Forsythe
Required Signature of Registered Agent

07/08/2020
Date

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

Cheryl Rensch
Required Signature of Incorporator

July 8, 2020
Date