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☐ PICK-UP

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(Business Entity Name)

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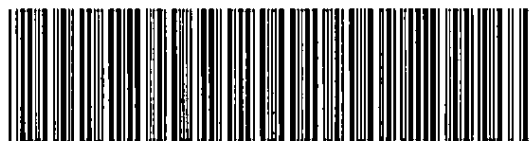
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2021 FEB -3 PM 2:18

COVER LETTER

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

SUBJECT: Jacket Athletics Booster Club

(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: Mark Shelley

Name (Printed or typed)

330 Arpieka Ave

Address

St. Augustine, FL 32080

City, State & Zip

904-347-1651

Daytime Telephone number

jmarkshelley@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2021

MARK SHELLEY
330 ARPIEKA AVE
ST. AUGUSTINE, FL 32080

SUBJECT: JACKET ATHLETICS BOOSTER CLUB
Ref. Number: W21000007395

We have received your document for JACKET ATHLETICS BOOSTER CLUB and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 221A00001676

2021 FEB - 3 AM 11:32

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

ARTICLE I NAME

The name of the corporation shall be: Jacket Athletics Booster Club, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
330 Arpieka Ave

St. Augustine, FL 32080

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: As an active group of SAHS alumni, parents, business associates
and concerned members of the community, we will strive to improve all athletic programs at St. Augustine High
School. These improvements will provide financial opportunity, necessary equipment, and help to grow the status
of the programs for the teams of St. Augustine High School with efforts to ensure consistent community support.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Voted in

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Shelley- President

Address: 330 Arpieka Ave
St. Augustine, FL 32080

Name and Title: Tom Alexander-VP

Address: 18 Madeira Dr.
St. Augustine, FL 32080

Name and Title: Tara Shelley - Secretary

Address: 1821 CR 13 South
Elkton, FL 32033

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Mark Shelley
Address: 330 Arpieka Ave
St. Augustine, FL 32080

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tom Alexander
Address: 18 Madeira Dr.
St. Augustine, FL 32080

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

Mark Shelley
Required Signature of Registered Agent

11/20/2020
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.

Tom Alexander
Required Signature of Incorporator

11/20/2020
Date