

N21XXXXX5689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

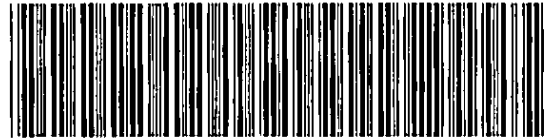
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000363979740

04/30/21--01005--003 **70.00

2021 APR 19 PM 2:11
CLERK OF SUPERIOR COURT

COVER LETTER

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

SUBJECT: ISLAND FRESH, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DANIEL K. BEAN, ABEL BEAN LAW, P.A.

Name (Printed or typed)

100 N. LAURA STREET, SUITE 501

Address

JACKSONVILLE, FL 32202

City, State & Zip

(904) 944-4100

Daytime Telephone number

dbean@abelbeanlaw.com

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

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

FILED ADDRESS: 7/1/2021

2021 APR 19 PM 2:11

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ISLAND FRESH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1131 N. LAURA STREET

Mailing address, if different is:

JACKSONVILLE, FL 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION INTENDS TO CREATE, OPERATE OR SUPPORT

PROJECTS THAT BENEFIT PEOPLE IN NEED

To create communities in which all people have access to the educational tools, community support, and opportunities needed to live healthy, productive lives.

PER BY-LAWS

Name and Title: DR. ROBERT V. LEE III, DIRECTOR

Name and Title: _____

Address 1131 N. LAURA STREET

Address: _____

JACKSONVILLE, FL 32206

Name and Title: ROCHELLE MARINO, DIRECTOR

Name and Title: _____

Address 1131 N. LAURA STREET

Address: _____

JACKSONVILLE, FL 32206

Name and Title: ROBERT V. LEE IV, DIRECTOR

Name and Title: _____

Address 1131 N. LAURA STREET

Address: _____

JACKSONVILLE, FL 32206

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

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: ABEL BEAN LAW, P.A.

Address: 100 N. LAURA STREET, STE 501

JACKSONVILLE, FL 32202

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DR. ROBERT V. LEE III

Address: 1131 N. LAURA STREET

JACKSONVILLE, FL 32206

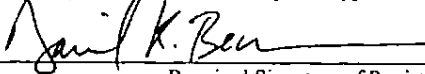
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature of Registered Agent

4.8.2021

Date

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



Required Signature of Incorporator

4/8/20

Date

2021 APR 19 PM 2:10