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#### **COVER LETTER**

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

SUBJECT: Brandon Jax	Boosters, Inc.		
SOBOLCI.	(PROPOSED CORPO	RATE NAME – MUST	INCLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	eles of Incorporation and	a check for :
<b>\$70.00</b>	<b>□</b> \$78.75	□\$78.75	<b>□</b> \$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
	Certificate of Status	& Certified Copy	Certified Copy & Certificate
	Status		& Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Kate Fitzgerald		N.W.
	Name (Printed or typed)		
	13506 Summerport Village Par	kway, #1506	I ALLAH
		Address	

Windermere, FL 34786

kate@parentbooster.org

407-544-4287

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

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

City, State & Zip

Daytime Telephone number

#### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be Brandon Jax Boosters, Inc.

#### ARTICLE JI PRINCIPAL OFFICE

Principal street address: 8210 Cypress Plaza Drive, Suite 108 Jacksonville, Fl. 32256

#### ARTICLE III PURPOSE

The purpose of Brandon Jax Boosters is to raise funds to assist youth sports programs and to foster and promote good will. We will support, promote and maintain high standards of scholarship, integrity, and good sportsmanship in all program activities. Contributions will be used to financially support the program by providing additional funding for scholarships, staffing needs, materials/products required, and potential team events and team social events during the season.

The corporation is organized and will be operated exclusively for charitable and educational purposes within the meaning of 501(c)(3) of the Internal Revenue Code. (All references to sections in these Articles refer to the Internal Revenue Code of 1986 as amended or to comparable sections of subsequent internal revenue laws.) In pursuance of these purposes, it shall do all things necessary, proper, and consistent with maintaining tax exempt status under section 501 (c)(3).

# SECRETARY OF STATE TALLAHARBARE RI

#### ARTICLE IV MANNER OF ELECTION

The manner in which directors are elected and appointed is as provided in the Bylaws.

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

Allison Lewis, President 4499 Gray Hawk Street Orange Park, FL 32065 Melissa Brinkley, Secretary 1928 Rock Springs Way Middleburg, FL 32068

Tammie Sanford, Treasurer 3151 Veronica Avenue Middleburg, FL 32068

#### ARTICLE VI

#### REGISTERED AGENT

The name and Florida street address of the Registered Agent is:

Michelle Rawls 8210 Cypress Plaza Dr, Suite 108 Jacksonville, FL 32256

#### ARTICLE VII

#### INCORPORATOR

The name and Florida street address of the Incorporator is:

Allison Lewis 4499 Gray Hawk Street Orange Park, FL 32065

#### ARTICLE VIII

#### ADDITIONAL PROVISIONS

No part of the net earnings of the corporation shall inure to the benefit of or be distributed to any director, employee or other individual, partnership, estate, trust or corporation having a personal propriety private interest in the corporation. Compensation for services actually rendered and reimbursement for expenses actually incurred in attending to the affairs of this corporation shall be limited to reasonable amounts. No substantial amount of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation and this corporation shall not intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in the opposition to any candidate for public office. Notwithstanding any other provision of these Articles or of any Bylaws adopted thereunder, this corporation shall not take any action not permitted by the which then apply to this corporation.

Upon dissolution of the corporation, its assets shall be disposed of exclusively for the purposes of the corporation or distributed to such organizations organized and operated exclusively for charitable purposes which shall, at the time, qualify as exempt organizations under section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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.

Muchelle Rawls
Signature of Registered Agent

06/08/2021

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.

Signature of Incorporator Vison Jewi

Date

05/26/2021

# formstack sign @Document Completion Certificate

Document Reference : 80a5efe3-2559-4c67-92f5-55b7b7c3618b

Document Title : Brandon Jax Boosters, Inc. FL AOI for signature

Document Region : Northern Virginia Sender Name : Kate Fitzgerald Sender Email : kate@myrenosi.com

Total Document Pages : 3

Secondary Security : Not Required

Participants

1. Allison Lewis (bajaxboosters@gmail.com)

Michelle Rawls (mmrawls@gmail.com)

#### Document History

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#### **COVER LETTER**

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

SUBJECT:

Brandon Jax Boosters, Inc.

kate@parentbooster.org

object.	(PROPOSED CORP	ORATE NAME – MUST	TNCLUDE SUFFIX	<del>.</del> )	
Enclosed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Kate Fitzgerald				
	Na	me (Printed or typed)	_		
	13506 Summerport Village Parkway, #1506			n.ine	
	Address			<b>選</b>	
	Windermere, FL 34786		EAH	TI NUC LARG	···
		City, State & Zip	<u> </u>	₹ •	-
	407-544-4287		A	¥ 0	Ċ
	Dayı	ime Telephone number	AHASAE, AL	AM 6: 37	
	latafa)naranthaactar ara		L	7	

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

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*

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Principal street address: 8210 Cypress Plaza Drive, Suite 108 Jacksonville, FL 32256

#### ARTICLE III **PURPOSE**

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MANNER OF ELECTION

### ARTICLE IV

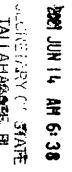
The manner in which directors are elected and appointed is as provided in the Bylaws.

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

Allison Lewis, President 4499 Gray Hawk Street Orange Park, FL 32065

Melissa Brinkley, Secretary 1928 Rock Springs Way Middleburg, FL 32068

Tammie Sanford, Treasurer 3151 Veronica Avenue Middleburg, FL 32068



#### ARTICLE VI

#### REGISTERED AGENT

The name and Florida street address of the Registered Agent is:

Michelle Rawls 8210 Cypress Plaza Dr, Suite 108 Jacksonville, FL 32256

#### ARTICLE VII

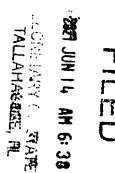
INCORPORATOR

The name and Florida street address of the Incorporator is:

Allison Lewis 4499 Gray Hawk Street Orange Park, FL 32065

#### ARTICLE VIII

ADDITIONAL PROVISIONS



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Michelle Rawls
Signature of Registered Agent

O6/08/2021
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.

Signature of Incorporator Vision Jewis

Date

05/26/2021

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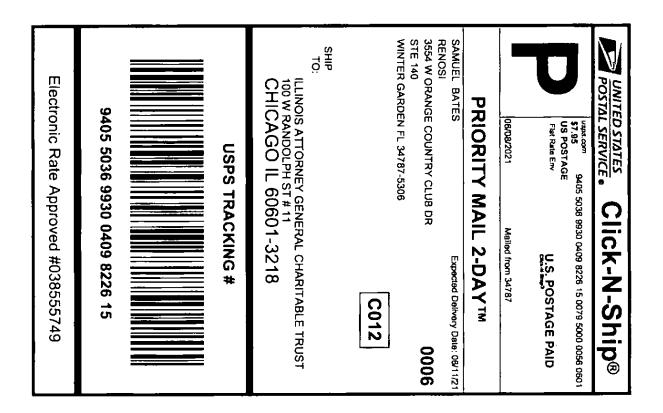
Participants

1. Allison Lewis (bajaxboosters@gmail.com)

2. Michelle Rawls (mmrawls@gmail.com)

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From: SAMUEL BATES

RENOSI

3554 W ORANGE COUNTRY CLUB DR STE 140

WINTER GARDEN FL 34787-5306

ILLINOIS ATTORNEY GENERAL CHARITABLE TRUST

BUREAU

100 W RANDOLPH ST # 11 CHICAGO IL 60601-3218

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