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TALLAHASSEE, FL

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: WILLIAM M. RANES CLASS OF 1972 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: JEFFREY L. WILCOX, JR.  
Name (Printed or typed)

5723 LIPPIA CT.  
Address

JAX, FLA. 32209  
City, State & Zip

904 859-2800  
Daytime Telephone number

CORLEYVILLE@ATTOR.COM  
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: WILLIAM M. RAINES CLASS of 1973 INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5723 LIPPIA CT.  
JACKSONVILLE, FLORIDA  
32209

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS CORPORATION PRIMARY  
ACTIVITIES ARE FOR SOCIAL EVENTS, CELEBRATE CLASS  
ANNIVERSARIES AND NON PROFIT ACTIVITIES

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: 3 YRS

By Majority Vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EARL KITCHINGS Name and Title: CHAIRMAN

Address: 2391 KIRKWOOD AVE Address: \_\_\_\_\_  
JAX, FLA 32209

Name and Title: JESSE L. WILCOX, JR Name and Title: VICE-CHAIRMAN

Address: 5723 LIPPIA CT. Address: \_\_\_\_\_  
JAX, FLA. 32209

Name and Title: HERBERT DIXON JR Name and Title: DIRECTOR

Address: 7405 IRVING SCOTT DR Address: \_\_\_\_\_  
JAX, FLA 32209

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SECRETARY OF STATE  
TALLAHASSEE FL

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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: JEFF L. WILCOX, JR.

Address: 5723 LUPPIA CT.

JAX, FLA 32209

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HERBERT NIXON JR.

Address: 7405 BRUNING-SCOTT DR

JAX, FLA 32209

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JULY 28, 2021 (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

Jeff L. Wilcox, Jr.  
Required Signature of Registered Agent

7/28/2021  
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.

Herbert Nixon Jr.  
Required Signature of Incorporator

7/28/2021  
Date

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TALLAHASSEE, FL

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