

N 22000013683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

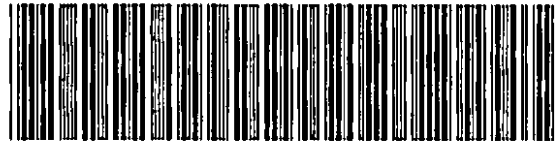
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300398008723

11/28/22--01046--002 **70.00

2022 NOV 29 AM 10:58

11/28/2022
10:10:40

ED

COVER LETTER

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

SUBJECT: Friends of Thomas Jackson 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: John Paling

Name (Printed or typed)

5822 NW 91 Blvd

Address

Gainesville, FL 32653

City, State & Zip

(352) 327-1095

Daytime Telephone number

thomasjacksonletters@gmail.com

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

2022 JUL 28 AM 10:58

FILED
JUL 28 2022
TALLAHASSEE, FL 32314

ED

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

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: John Paling _____

Address: 5822 NW 91 Blvd _____

Gainesville, FL 32653 _____

ARTICLE VII INCORPORATOR

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

Name: John Paling _____

Address: 5822 NW 91 Blvd _____

Gainesville, FL 32653 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2023 (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:

John Paling

Required Signature of Registered Agent

Nov 15 2022

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.

John Paling

Required Signature of Incorporator

Nov 15 2022

Date

2022 NOV 28 AM 10:50

ED

COVER LETTER

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

SUBJECT: Friends of Thomas Jackson 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: John Paling

Name (Printed or typed)

5822 NW 91 Blvd

Address

Gainesville, FL 32653

City, State & Zip

(352) 327-1095

Daytime Telephone number

thomasjacksonletters@gmail.com

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

2022 NOV 28 AM 10:58

ED

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: Friends of Thomas Jackson, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5822 NW 91 Blvd

Gainesville, FL 32653

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Friends of Thomas Jackson Inc is organized exclusively for educational
purposes and is dedicated to continue to make available digitally and in print the contents of the original letters written by Thomas
Jackson in the 1800s and now passed into the hands of the Library of Congress to be maintained as part of America's historical
collections for perpetuity. The contents of the collection include historical materials about the American civil war, slavery
and associated documents relating to the prime author, his family, his business and societal conditions during his life.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Provided in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Robert L. Stevenson, Jr. President

Address: 5494 NW 27th Pl

Ocala, FL 34482

Name and Title: Maria Miller - Board Member

Address: 3403 SW Sunset Trace Cir,

Palm City, FL 34990

Name and Title: Stephanie Birch Vice President

Address: 140 Plains Rd #75

Windham, CT 06280

Name and Title: Kiara Thompson - Board Member

Address: 15135 Jackson St

Miami, FL 33176

Name and Title: John Paling Treasurer

Address: 5822 NW 91 Blvd

Gainesville, FL 32653

Name and Title:

Address:

2022 NOV 28 AM 10:58

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: John Paling

Address: 5822 NW 91 Blvd

Gainesville, FL 32653

ARTICLE VII INCORPORATOR

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

Name: John Paling

Address: 5822 NW 91 Blvd

Gainesville, FL 32653

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2023 (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

Nov 15 2022
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

Nov 15 2022
Date