

N23000004720

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SODL & INGRAM PLLC
Account Number : I20190000071
Phone : (904)257-5777
Fax Number : (904)347-2738

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: david.ergisi@crossregions.com

FLORIDA PROFIT/NON PROFIT CORPORATION CROSS REGIONS DISASTER RELIEF FUND, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CROSS REGIONS DISASTER RELIEF FUND, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:13553 ATLANTIC BLVD STE 201

Mailing address, if different is:

JACKSONVILLE, FL 32225**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: exclusively for charitable, religious, educational, and scientific purposes,including, for such purposes, the making of distributions to organizations that qualify as exempt organizations underSection 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as provided for in the
Bylaws of the corporation.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DAVID M. ERGISI, DIRECTOR

Name and Title: _____

Address: 13553 ATLANTIC BLVD STE 201

Address: _____

JACKSONVILLE, FL 32225Name and Title: DOUG SMITH, DIRECTOR

Name and Title: _____

Address: 13553 ATLANTIC BLVD STE 201

Address: _____

JACKSONVILLE, FL 32225Name and Title: ANDREW M. SODL, DIRECTOR

Name and Title: _____

Address: 1617 SAN MARCO BLVD

Address: _____

JACKSONVILLE, FL 32207

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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: SODL & INGRAM PLLC

Address: 1617 SAN MARCO BLVD

JACKSONVILLE, FL 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDREW M. SODL

Address: 1617 SAN MARCO BLVD

JACKSONVILLE, FL 32207

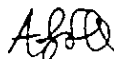
ARTICLE VIII EFFECTIVE DATE:

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



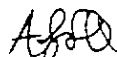
Andrew M. Sodl, as Authorized Signatory

Required Signature of Registered Agent

2/13/2023

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 §817.155, F.S.



Required Signature of Incorporator

2/13/2023

Date

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