

N230 0000 2063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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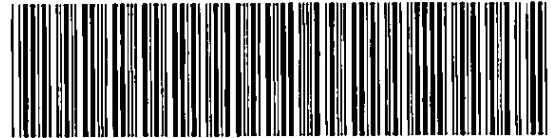
(Business Entity Name)

(Document Number)

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D. O'KEEFE

FEB 27 2023

COVER LETTER

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

SUBJECT: Elise Forrest Foundation, 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: Dr. Israel Barst
Name (Printed or typed)
119 Old Airport Rd
Address
La Grange, GA 30240
City, State & Zip
7068988685
Daytime Telephone number
DRISRAEL@MINDCOM
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:

Elise Forrest Foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

Mailing address, if different is:

7845 Paradise Island
Blvd. Apt 4604
Jacksonville, Florida

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

32256
Community Service And
Public Improvement

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By a Quorum

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JACKSONVILLE, FL
CLERK OF DISTRICT COURT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

President
Elise Forrest

Name and Title:

Address

7845 Paradise Island
Jacksonville FL
32256

Address:

Name and Title:

Isaiah Barsh

Name and Title:

Address

119 Old Airport Rd
CA Orange, Ca 92640

Address:

Name and Title:

Officer - Anita Green

Name and Title:

Address

5954 E. Fall Creek
Pkwy N. DR 46226

Address:

Anitra Green

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:

ELISE FORREST

Address:

7845 PARADISE ISLAND
JACKSONVILLE, FLA 32256

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2023 FEB -9 AM 7:15
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

ELISE FORREST

Address:

7845 PARADISE ISLAND
JACKSONVILLE, FLA 32256

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:

Elise Forrest
Required Signature of Registered Agent

01/31/23
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.

Elise Forrest
Required Signature of Incorporator

01/31/23
Date