

N 23000 00 6900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

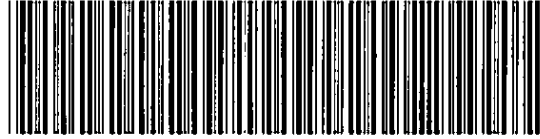
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2023 JUN -9 PM 12:04

2023 JUN -9 PM 12:21

COVER LETTER

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

SUBJECT: JAKE GAITHER Neighborhood Association CROP 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: JAKE GAITHER Neighborhood Association
Name (Printed or typed)

3112 BROOKRIDGE DR.
Address

TALLAHASSEE FLORIDA 32305
City, State & Zip

(850) 363-4771
Daytime Telephone number

JAKE.GAITHERNBRASSN@GMAIL.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

Name of the corporation shall be: JAKE GAITHER NEIGHBORHOOD ASSOCIATION A NOT-FOR-PROFIT CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3112 BROOKRIDGE DR.

TALLAHASSEE FL 32305

ARTICLE III PURPOSE

purpose for which the corporation is organized is: The Purpose of this organization shall be:

1. To Cooperate as a group of neighborhood members in matters affecting the aesthetic and physical qualities of life in this community
2. To increase neighborhood involvement in issues affecting life in this community.
3. To Create and maintain awareness of City, County and State issues which directly or indirectly affect life in this community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The Nominating Committee shall present the slate of officers in even years

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Apostle Willie Whiting Jr. President Name and Title: _____

Address: 3112 Brookridge Dr. Address: _____
Tallahassee, Fla. 32305

Name and Title: Pat Thompson Treasurer Name and Title: _____

Address: 216 Bragg Dr. Address: _____
Tallahassee, Fla. 32305

Name and Title: Mary Lester Vice President Name and Title: _____

Address: 3123 Rastley Dr. Address: _____
Tallahassee

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

Name and address of the registered agent is:

Name: LINDA WHITING

Address: 3112 BROOKRIDGE DR.

Tallahassee, Fla. 32305

ARTICLE VII INCORPORATOR

Name and address of the Incorporator is:

Name: Willie Whiting Jr.

Address: 3112 Brookridge Dr.

Tallahassee, Fla. 32305

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.)

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:

Linda Whiting

Required Signature of Registered Agent

6-9-2023

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 s.817.155, F.S.

Willie Whiting Jr.

Required Signature of Incorporator

6-9-2023

Date

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LD