N23000011040

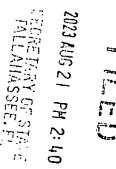
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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COVER LETTER

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

SUBJECT: Paines Sports Hall of Fame, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Name being used to file as a NON-PROFIT corporation in end as it was filed as a profit corporation in end Receipt for profit dissolution is included with this re- Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for: \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy	noration rror. request
□ \$70.00 □ \$78.75 □ \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy	•
Status & Certificate	
ADDITIONAL COPY REQUIRED	

FROM: David M. I homas

Name (Printed or typed)

159 Clark Road

Address

Jacksonville, FL 32218

City. State & Zip

904. 210. 3296

Daytime Telephone number

HEIR 4.1 LIFE @ OUTLOOK. COM E-mail address: (to be used for future annual report notification)

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

8/7/23
FOR DISSOlution of PROFIT registration
Reguling as NON PROFIT

Payment Receipt Confirmation

 I_{i}

Country

Your payment was successfully processed.

				eceipt Confirmation
Description			,,	Amount
				\$35.00
Total Amount Paid				\$35.00
Customer Information	1			
Customer Name	David Thomas	Receipt Date	8/7/2023	
Local Reference ID	600413533966 (tel:600413533966) P23000056344	Receipt Time	12:02:54 PM EDT	
Payment Information				
Payment Type	Credit Card	Credit Card Number	*****1491	
Credit Card Type	VISA	Order ID	56631396	
Billing Information				
Billing Address	159 Clark Road	Phone Number	9042103296 (tel:904210	<u>3296</u>)
Billing City, State ZIP/Postal Code	Jacksonville, FL 32218	This receipt has been of Email Address	emailed to the address be Heir41life@outlook.com	

US

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

ARTICLE NAME The name of the corporation shall be: Raines	Sports Hall of Fame, Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal street address: 159 Clark Road	Mailing address, if different is:
Jacksonville, FL	32218
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 10 recognize outstand	Any ard all lawful business, ing sports achievements for
Raines High School Alun	nnae.
ADTICLE IV	
are elected by the manner	er in which the directors are elected and appointed: The Directors a jority of the membership.
Name and Title: David M Thomas	-
Address 3938 Murfield Blud E	Name and Title:
Jacksonville, FL 3225	
Name and Title:	Name and Title:
Address	
Name and Title:	Name and Title:
Address	

Name and Title:	<u> </u>	Name and Title:
Address _		Address:
-		
-		
Name and Title:		Name and Title:
Address _		Address:
_		
_		
	REGISTERED AGENT lorida street address (P.O. Box NOT accepta	able) of the registered agent is:
Name:	David M. Thoma	-
Address:	159 Clark Road	
11201000	Jacksonville, FL=	 32218
		\$\frac{S}{I} \cdot 2
	<u>INCORPORATOR</u>	923, 41,1
The name and a	ddress of the Incorporator is:	
Name:	Cyrusia & Thon	ras 2
Address:	3938 Murfield Blu	IdE Fig. 3
	Jacksonville FL 3	2225
Effective date, if	other than the date of filing: August date is listed, the date must be specific and	/ ZOZ3 (OPTIONAL) cannot be more than five days prior or 90 days after the filing.)
Note: If the date document's effect	e inserted in this block does not meet the appletive date on the Department of State's record	licable statutory filing requirements, this date will not be listed as the ds.
Having been na certificate, I am	familiar with and accept the appointment as r	process for the above stated corporation at the place designated in this registered agent and agree to act in this capacity
_ Mil	Required Signature of Registered A	8/14/23 Pete
	ument and affirm that the facts stated herein a of State constitutes a third degree felony as pro	are true. I am aware that any false information submitted in a document to ovided for in s.817.155, F.S.
1	him thomas !	8/14/23
	Required Signature of Incorpo	orator Date

N23000011040

August 14, 2023

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

To Whom It May Concern,

This letter is to certify that I, David M. Thomas, am filing the proposed Corporate name <u>Raines Sports Hall of Fame, Inc.</u> as a NON-PROFIT corporation, as the name was filed as a for-profit corporation in error. Receipt for the for-profit dissolution is attached with this request. The reference number is 600413533966.

Thank you,

David M. Thomas, President, Raines Sports Hall of Fame, Inc.

159 Clark Road

Jacksonville, FL 32218

NOTARY STAMP AND INFORMATION

Motary Signature

Marie Motary Signature

SHERIENE MARIE MATHOREUS
Printed Name

HH 175930 Notary Seal

SHERLENE MAPIE WATTHEWS
NOTARY Public - State of Fornoa
Commission = H= 175337
MV Comm. Expires Sep 15, 2025
Bonced through National Notary Asia.