

N 23 000012943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

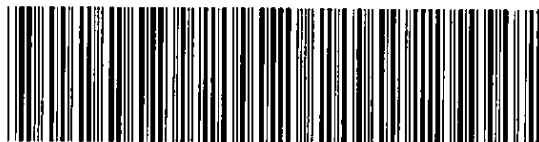
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023

31.2

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BAYLEE HOLBROOK PRAY LIKE BAY

SCHOLARSHIP, INC.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

114 Penders Printing • Tallahassee, FL 32301

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

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

SUBJECT: BAYLEE HOLBROOK PRAY LIKE BAY SCHOLARSHIP, 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: CHARLES T. DOUGLAS, JR.
Name (Printed or typed)

117 N. 2ND STREET

Address

PALATKA, FLORIDA 32177

City, State & Zip

904-673-2118

Daytime Telephone number

charlie@dhclawyers.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

The name of the corporation shall be: BAYLEE HOLBROOK PRAY LIKE BAY SCHOLARSHIP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
341 N. HWY. 17

Mailing address, if different is:

PALATKA, FLORIDA 32177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Scholarships. Upon dissolution, liquidation and winding up of the Corporation
the Board of Directors shall, after paying or making provisions for the payment of all liabilities of the Corporation, dispose of
all of the assets of the Corporation exclusively for the purposes of the Corporation in such manner, and to such organization or
organizations organized and operated exclusively for charitable, educational and scientific purposes, as shall at the time qualify as
an exempt organization under Section 501 (c)(3) of the Internal Revenue Code of 1954 as amended, as the Board of Directors may
determine. Any assets not so disposed shall be disposed of by a court or competent jurisdiction in the county in which the principal
office of the Corporation is then located, exclusively for such purposes, or to such organization as such Court shall determine.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|-------------------------------|-----------------|-------|
| Name and Title: | <u>MATT HOLBROOK</u> | Name and Title: | _____ |
| Address | <u>341 N. HWY. 17</u> | Address: | _____ |
| | <u>PALATKA, FLORIDA 32177</u> | | _____ |
| | <u>PRESIDENT</u> | | _____ |
| Name and Title: | <u>KYLEE HOLBROOK</u> | Name and Title: | _____ |
| Address | <u>341 N. HWY. 17</u> | Address: | _____ |
| | <u>PALATKA, FLORIDA 32177</u> | | _____ |
| | <u>VICE-PRESIDENT</u> | | _____ |
| Name and Title: | <u>CASEY HOLBROOK</u> | Name and Title: | _____ |
| Address | <u>341 N. HWY. 17</u> | Address: | _____ |
| | <u>PALATKA, FLORIDA 32177</u> | | _____ |
| | <u>TREASURER</u> | | _____ |

3066
3:21

Name and Title: JINI ROBBINS Name and Title: _____
Address: 3400 CRILL AVENUE Address: _____
PALATKA, FLORIDA 32177 _____
SECRETARY _____

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: CHARLES T. DOUGLAS, JR.
Address: 117 N. 2ND STREET
PALATKA, FLORIDA 32177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHARLES T. DOUGLAS, JR.
Address: 117 N. 2ND STREET
PALATKA, FLORIDA 32177

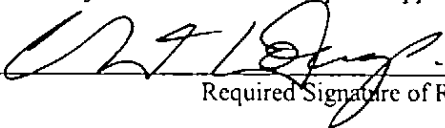
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-24-23. (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

10/24/23
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.


Required Signature of Incorporator

10/24/23
Date