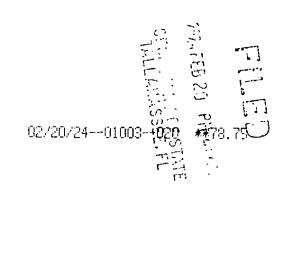
# N24000002303

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900423095509



2024 FEB 20 FH 2: 14

## CORPORATE ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

### **WALK IN**

		ICK UP: BROOK 2/20	<u></u>
XX	CERTIFIED COP	Y	
	РНОТОСОРУ	·	
	GS		
XX	FILING	INC	
	JACK'S LEGACY (CORPORATE NAME AND I		
_	(CORPORATE NAME AND I	OOCUMENT #)	
_	(CORPORATE NAME AND I		<u> </u>
_		·	FILL ZO
	(CORPORATE NAME AND I	OCUMENT #)	GE STAT
-	(CORPORATE NAME AND D	OCUMENT #)	177
	(CORPORATE NAME AND D	OCUMENT #)	
CIAL TRUC	CTIONS:		

#### ARTICLES OF INCORPORATION

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

ARTICLE I The name of th	NAME e corporation shall be:	y Inc.	
ARTICLE II	PRINCIPAL OFFICE		
8209	Principal <u>street</u> address: Natures Way Unit 117	Mailin	ng address, if different is:
Lake	wood Ranch, FL 34202		
ARTICLE III The purpose fo	PURPOSE  or which the corporation is organize	d is: Support for grieving parents who l	nave lost a child
	-		
	Jack's parents Laura and/or I		ed and appointed.
Name and Title	Laura Swaim, P,D	Name and Title:	
Address	10776 Saddle Oak Rd	Address:	488
	Myakka City, FL 34251		SSEE STATE
Name and Title	Logan Swaim, D	Name and Title:	
Address	10776 Saddle Oak Rd	Address:	
Addi (33	Myakka City, FL 34251	Address.	
Name and Title	Florence Swaim, D	Name and Title	
Address	10776 Saddle Oak Rd	Name and Title:	<del></del>
Address	Myakka City, FL 34251	Address:	

Name and Title	::	Name and Title:	<del></del>
Address	-	Address:	
Name and Title	::		
Address		Address:	<del></del>
		<del>_</del>	
		<u></u>	
ARTICLE VI	DECISTEDED ACENT		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT ac	ceptable) of the registered age	nt is:
Name:	Laura Swaim		
Address:	8209 Natures Way Unit 117		
	Lakewood Ranch, FL 34202		
	INCORPORATOR  address of the Incorporator is:  Laura Swaim		
Address:	8209 Natures Way Unit 117		
	Lakewood Ranch, FL 34202		
ARTICLE VIII	<u>EFFECTIVE DATE:</u>		
Effective date,	if other than the date of filing:	(OF	TIONAL)
(If an effective	date is listed, the date must be specific	and cannot be more than fi	ve days prior or 90 days after the filing.)
Note: If the da document's effe	te inserted in this block does not meet the ective date on the Department of State's re	applicable statutory filing re-	quirements, this date will not be listed as the
Having been no certificate, I am	amed as registered agent to accept service familiar with and accept the appointment	ee of process for the above s as registered agent and agre	tated corporation at the place designated in this e to act in this capacity
	Required Signature of Registere	ad Agant	02/16/2024
	, ,	-	Dâte .
I submit this doc the Department	cument and affirm that the facts stated her of State constitutes a third degree felony o	ein are true. I am aware that is provided for in s.817,155, I	any false information submitted in a document to E.S.
			02/16/2024
	Required Signature of Inc	orporator	Date

#### Jack's Legacy Inc. Non-Profit Articles of Organization

#### Purpose

The purpose of the nonprofit will be for support for grieving parents who have lost a child.

The purposes and powers of this Corporation shall not engage in activities that in themselves are not in furtherance of one or more exempt purposes.

Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, the remaining assets will be used exclusively for 501 (c) (3) exempt purposes.

SECRETION OF STATE