

N24000010787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

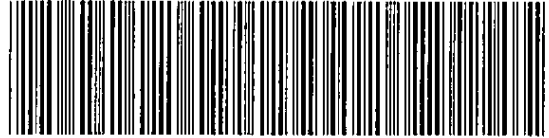
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 . . . . . 11:12

## COVER LETTER

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

**SUBJECT:** Eddie Jackson 220 Quarterback Club, 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:** Eddie Jackson 220 Quarterback Club  
\_\_\_\_\_  
Name (Printed or typed)

Post Office Box 5223  
\_\_\_\_\_  
Address

Tallahassee, FL 32314  
\_\_\_\_\_  
City, State & Zip

850-212-5525  
\_\_\_\_\_  
Daytime Telephone number

jerrylyne@aol.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: Eddie Jackson 220 Quarterback Club, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal **street** address:

3113 Brookridge Drive

Tallahassee, FL 32305

Mailing address, if different is:

Post Office Box 5223

Tallahassee, FL 32314

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to provide an organized entity for fellowship and support of the Florida A&M University Athletic Program and other programs as agreed upon.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed as needed.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jerrylyne Jackson, CEO

Address: 3113 Brookridge Drive

Tallahassee, FL 32305

Name and Title: Wilma Wiggs, Secretary

Address: 2094 Foster Drive

Tallahassee, FL 32303

Name and Title: Vaughn Wilson, President

Address: 4317 Calcutta Court

Tallahassee, FL 32303

Name and Title: Aldric Borders, Treasurer

Address: 1112 Hastie Road

Tallahassee, FL 32305

Name and Title: Selvin Cobb, Vice President

Address: 139 Sims Road

Quincy, FL 32351

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Jerrlyne Jackson

Address: 3113 Brookridge Drive

Tallahassee, FL 32305

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Vaughn Wilson

Address: 4317 Calcutta Court

Tallahassee, FL 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.)

**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*

Jerrlyne Jackson  
Required Signature of Registered Agent

9-11-24  
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.*

Vaughn Wilson  
Required Signature of Incorporator

9/11/2024  
Date