

N 24000012964

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(Business Entity Name)

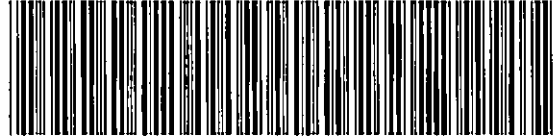
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STATE  
TALLAHASSEE, FL

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STATE  
TALLAHASSEE, FL  
FLORIDA

## COVER LETTER

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

SUBJECT: COEHacks at the FAMU-FSU College of Engineering 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: Jayson Francois  
Name (Printed or typed)

1913 Grimes Ln  
Address

Tallahassee FL 32303  
City, State & Zip

954-687-4560  
Daytime Telephone number

jayson.francois@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

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

**ARTICLE I NAME**

The name of the corporation shall be: COEHacks at FAMU-FSU College of Engineering Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

A341 ECE Department

2525 Pottsdamer street

Tallahassee, FL 32310

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to create an inclusive platform  
where students from the FAMU-FSU College of Engineering can  
collaborate, innovate, and engage in competitive coding and  
hackathon events.

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

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

Name and Title: Jayson Francois D Name and Title: \_\_\_\_\_

Address: 1913 Grimes Ln Address: \_\_\_\_\_  
Tallahassee FL 32303

Name and Title: Samantha Lafrance D Name and Title: \_\_\_\_\_

Address: 1505 W. Tharpe St Apt 2811 Address: \_\_\_\_\_  
Tallahassee FL 32303

Name and Title: Nancy Joseph D Name and Title: \_\_\_\_\_

Address: 1418 Nylie St. Apt 5 Address: \_\_\_\_\_  
Tallahassee FL 32304

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: Jayson Francois  
 Address: 1913 Grimes Lane  
Tallahassee, FL 32303

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 TALLAHASSEE, FL  
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jayson Francois  
 Address: 1913 Grime Lane  
Tallahassee, FL 32303

**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*

\_\_\_\_\_  
 Required Signature of Registered Agent

11/7/2024  
 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

11/7/2024  
 Date