

N24000013566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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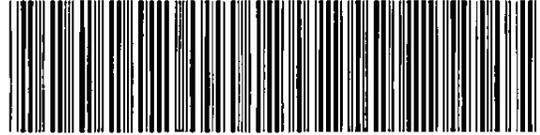
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MS

T.S.H.  
11/22/24

**COVER LETTER**

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

**SUBJECT:** New Vision Foundation JAX 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:** Regina Nicole Jones  
Name (Printed or typed)  
  
8950 Winding Vine Dr E  
Address  
  
Jacksonville FL 32244 USA  
City, State & Zip  
  
(251) 303-2504  
Daytime Telephone number  
  
rjones.nvf@gmail.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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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S.. (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: New Vision Foundation JAX Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7901 4th St N STE 300

St. Petersburg, FL 33702 USA

Mailing address, if different is:  
8950 Winding Vine Dr E

Jacksonville, FL 32244

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Said Corporation is organized exclusively for charitable and educational purposes. This is a Non-Profit Organization providing youths and adults, advocacy and mentoring services and hosts annually a Compassion of Action Community Give-Back program for residents in Jacksonville, FL and surrounding areas. Goal is to foster a commitment to youths and adults and those who are under privileged, that will promote friendships, strong interpersonal skills, life skills, education, mental health resources and reassert a sense of hope in the future.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Education/Expertise

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

Name and Title: REGINA N. JONES- PRESIDENT

Address: 8950 Winding Vine Dr E  
Jacksonville, FL 32244 USA

Name and Title: KEITH JONES- VICE-PRESIDENT

Address: 8950 Winding Vines Dr E  
Jacksonville, FL 32244 USA

Name and Title: LaCresa Williams

Address: 1712 Greenfield Court  
Mobile, AL 36609 USA

Member: Board of Directors

Name and Title: Cassandra Washington

Address: 9629 Poets Corner  
Daphne, AL 36526 USA

Secretary

Name and Title: Charlezetta Jenkins

Address: 1102 Busac Ave  
Jacksonville, FL 32205 USA

Member: Board of Directors

Name and Title: Tammy Rolle

Address: 165 NE 187th ST  
Miami, FL 33179 USA

Member: Board of Director

SECRETARY OF STATE  
TELEPHONE: 904.487.2500  
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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: Registered Agents Inc

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Regina N. Jones

Address: 8950 Winding Vine Dr E.

Jacksonville, FL 32244

**ARTICLE VIII EFFECTIVE DATE:** 11/19/2024

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:*

*David Roberts*

Required Signature of Registered Agent

11/09/2024

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Regina N. Jones*

Required Signature of Incorporator

11/09/2024

Date

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TALLAHASSEE, FLORIDA

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