

N99000006771

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA FIRST COAST ENTERPRISES, INC.
(Proposed corporate name - must include suffix)

500003046965-9
-11/17/99--01038--020
****175.00 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75 *Void*
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SINCLAIR W. WILCOX
Name (Printed or typed)

6117 STRAWFLOWER PL
Address

JACKSONVILLE, FL 32209
City, State & Zip

(904) 924-7667
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 17 AM 11:07

FILED

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

REGISTER NOV 17 1999

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

99 NOV 17 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA FIRST COAST ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6117 STRAWFLOWER PLACE
JACKSONVILLE, FL 32209

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

CHARITABLE FUNDRAISERS FOR DISADVANTAGED
& HANDICAPPED

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

AS STATED IN THE BY LAWS

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SINCLAIR W. WILCOX
6117 STRAWFLOWER PLACE
JACKSONVILLE, FL 32209

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

SINCLAIR W. WILCOX, PRESIDENT

IRVING W. WILSON, VICE PRESIDENT

6117 STRAWFLOWER PLACE, Jacksonville, FL 32209

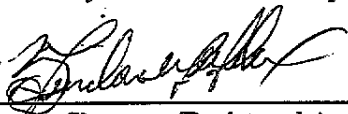
Nov. 16, 1999

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

Nov. 16, 1999

Date

FILED

99 NOV 17 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) of the Internal Revenue Code of 1986, or corresponding sections of any prior or future law, or to the federal, state, or local government for exclusive public purpose.