

04/12/2012

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

AUDIT NUMBER:

(((H12000097230 3)))

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(((H12000097230 3)))



H120000972303ABCV

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : UPCHURCH, BAILEY & UPCHURCH, P.

Account Number : 075350000207

Phone : (904) 829-9066

Fax Number : (904) 825-4862

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: masiragusa@ubulaw.com

FLORIDA PROFIT/NON PROFIT CORPORATION
BOZARD FORD FOUNDATION INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

AUDIT NUMBER: (((H12000097230 3)))

MRB4/13/12

ARTICLES OF INCORPORATION

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

AUDIT NUMBER:

(((H12000097230 3)))

ARTICLE I NAME

The name of the corporation shall be:

BOZARD FORD FOUNDATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

540 PRIME OUTLETS BLVD.

ST. AUGUSTINE, FL 32084

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. THE PARTICULAR EMPHASIS OF THE CORPORATION SHALL BE TO HOLD EVENTS WHICH RAISE FUNDS IN SUPPORT OF OTHER LOCAL CHARITIES, ESPECIALLY THOSE FOCUSED ON THE EDUCATION OF CHILDREN.

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

INITIAL DIRECTORS SHALL BE APPOINTED BY THE INCORPORATOR. DIRECTORS SHALL THEREAFTER BE ELECTED ANNUALLY BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS THEN SERVING.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LETTI BOZARD, DIRECTOR

Address: 540 PRIME OUTLETS BLVD

ST. AUGUSTINE, FL 32084

Name and Title: N/A

Address:

Name and Title: FRED H. BOZARD IV, DIRECTOR

Address: 540 PRIME OUTLETS BLVD

ST. AUGUSTINE, FL 32084

Name and Title: N/A

Address:

Name and Title: JEFF KING, DIRECTOR

Address: 540 PRIME OUTLETS BLVD

ST. AUGUSTINE, FL 32084

Name and Title: N/A

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LETTI BOZARD

Address: 540 PRIME OUTLETS BLVD

ST. AUGUSTINE, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LETTI BOZARD

Address: 540 PRIME OUTLETS BLVD

ST. AUGUSTINE, FL 32084

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

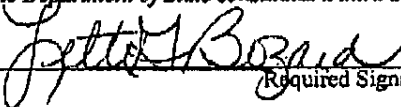


Required Signature of Registered Agent

3/27/2012

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

3/27/2012

Date

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FILED
12 APR 12 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA