

108000011428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

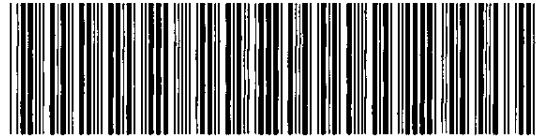
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400137475854

12/22/08--01028--005 **78.75

RECEIVED
08 DEC 22 PM 12:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 DEC 22 PM 1:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

58-22-21
26

COVER LETTER

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

SUBJECT: The Literacy Institute, 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: Kathi M. Vaughn-Malpress
Name (Printed or typed)

P.O. Box 23334
Address

Mandarin, FL 32241
City, State & Zip

(904) 629-2872
Daytime Telephone number

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

Effective Date
is January 1, 2009

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

ARTICLE I NAME

The name of the corporation shall be:

The Literacy Institute, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

10952 Copper Hill Dr, Jacksonville, FL 32218

P.O. Box 23334, Mandarin, FL 32241

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide academic remediation for elementary schools

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*Education, Certification, Credibility (Moral + Background screening)
and Experience - Elected by President*

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Kathi M. Vaughn-Malpress - President + CEO - P.O. Box 23334, Mandarin, FL 32241

Maxine Y. Davis - Program Director - 1730 Moseley St, Jax, FL 32207

Josetta Arnold - ~~Administrator~~ Director - P.O. Box 26629, Jax, FL 32226

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Kathi M. Vaughn-Malpress
10952 Copper Hill Dr
Jax, FL 32218*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Kathi M. Vaughn-Malpress
10952 Copper Hill Dr
Jax, FL 32218*

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.

Kathi M. Vaughn-Malpress
Signature/Registered Agent

12/22/08
Date

Kathi M. Vaughn-Malpress
Signature/Incorporator

12/22/08
Date

FILED
08 DEC 22 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Street)
(Mailing)