

N 110000 10646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

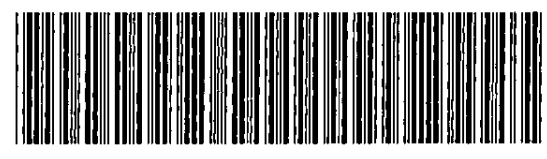
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
11 NOV 15 PM 4:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 NOV 15 AM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jen 11/15/11

COVER LETTER

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

SUBJECT: TEACHING ALLIANCE SERVING Kids and Seniors
(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: Rosemarie Horner
Name (Printed or typed)

1155 State Rb. 175.
Address

Bartow, FL 33830
City, State & Zip

(863) 832-1676
Daytime Telephone number

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

*TEACHING ALLIANCE SERVING KIDS Inc.
and Seniors*

ARTICLE II PRINCIPAL OFFICE

Principal street address

*1155 St. Rd. 17 S
Bartow, FL 33830*

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For non profit: Green and teaching cause to help the local society with humanitarian aim.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As stated in the BI-LAWS -

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Rose Horner*
Address: *1155 St. Rd. 17 S.
Bartow, FL - 33830*

Name and Title: *P/director*

Name and Title: *Richard E. Weigle*
Address: *1155 St. Rd. 17 S.
Bartow, FL 33830*

Name and Title: *VP*

Name and Title: *Henry Cohoon*
Address: *1155 St. Rd. 17 S.
Bartow, FL 33830*

Name and Title: *Secretary*

ARTICLE VI REGISTERED AGENT

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

Name: *Rose Horner*
Address: *1155 St. Rd. 17 S.
Bartow, FL 33830*

*Sofia Mederos Treas -
1155 St. Rd. 17 S. Bartow, FL 33830*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *Rose Horner*
Address: *1155 St. Rd. 17 S -
Bartow, FL 33830*

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TALLAHASSEE, FLORIDA

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

Rose Horner

Required Signature of Registered Agent

11-15-2011

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.

Rose Horner

Required Signature of Incorporator

11-15-2011

Date