

N120001311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

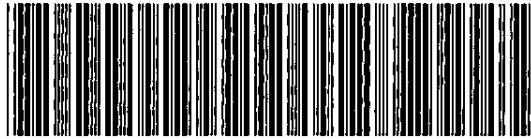
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 DEC -3 PM 2:20

PS 12/4/12

COVER LETTER

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

SUBJECT: FOUNDATION FOR READING AND EFFECTIVENESS IN EDUCATION, 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: CAROL KINGSLEY
Name (Printed or typed)

900 GROVE ST
Address

CLEARWATER, FLORIDA 33755
City, State & Zip

727 446 3922
Daytime Telephone number

carolkingsley@msn.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: FOUNDATION FOR READING AND EFFECTIVENESS IN EDUCATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
900 GROVE ST
Clearwater FL 33755

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SUPPORT AND FUTHER THE ADVANCEMENT OF LEARNING AND EDUCATION IN ALL MANNER AVAILABLE SO THAT THE POTENTIALS OF INDIVIDUALS CAN BE REALIZED FOR THE GREATER GOOD OF ALL.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

BOARD MEETING AND VOTING WITH MAJORITY ACCEPTANCE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol Kingsley President
Address: 1524 Smallwood Circle
Clearwater, Florida
33755

Name and Title: Jeff Avrin, COB
Address: 900 Grove St
Clearwater, Florida 33755

Name and Title: Stephanie Salamon, Treasurer
Address: 900 Grove St
Clearwater, Florida 33755

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marcy Sargeant
Address: 900 Grove St
Clearwater, Florida 33755

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC -3 PM 2:20

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol Kingsley
Address: 1524 Smallwood Circle
Clearwater, Florida 33755

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

Marcy Sargeant
Required Signature of Registered Agent

30 November 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.

Carol Kingsley
Required Signature of Incorporator

30 November 2012
Date

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

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