

N190000009294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

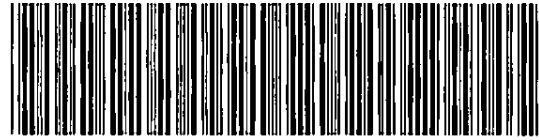
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200332767572

08/26/19--01027--008 **87.50

FILED
2019 AUG 26 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

Silver Springs Education and Research, Inc.

SUBJECT: _____
(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: JP Hare

Name (Printed or typed)

3820 SE 44th Street

Address

Ocala, Fl 34480

City, State & Zip

352 615 7969

Daytime Telephone number

jpharc@earthlink.net

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

Silver Springs Education and Research, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5168 N Opal Pt, Hernando, FL 34442

Mailing address, if different is:

3820 SE 44th Street, Ocala, Florida 34480 5168 N Opal Pt He

ARTICLE III PURPOSE

To educate and inform the public regarding the condition

The purpose for which the corporation is organized is: _____
of inland freshwater and coastal salt water systems and to support or conduct research designed to restore and preserve these water re:

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Initial board members will be recruited and selected from alumni of the IB Chemistry program.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2019 AUG 26 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: John Hare
3820 SE 44th Street
Address: Ocala, FL 34480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Hare
3820 SE 44th Street
Address: Ocala, FL 34480

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

John P. Hare
Required Signature of Registered Agent

Aug 15, 2019
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.

John P. Hare
Required Signature of Incorporator

Aug 15, 2019
Date