

F04000005252

(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



900040972359

09/13/04--01025--020 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 13 PM 1:30

W 09/14/04

Sp

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Word Place, Inc.
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Kathy Springer Jones
(Name of Person)

The Word Place, Inc.
(Firm/Company)

PO Box 8325

Port St. Lucie, FL 34985-8325
(Address)

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 13 PM 1:30

For further information concerning this matter, please call:

Kathy Springer Jones at (772) 335-1541
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN ~~NOT~~ FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. The WORD Place, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Virginia 3. 11-3656925
(State of country under the law of which it is incorporated) (FEI number, if applicable)
4. October 07, 2002 5. "Perpetual"
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. —
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1801 SE Elrose St., Port St. Lucie, FL 34952
(Principal office address)
PO BOX 8325, Port St. Lucie, FL 34985-8325
(Current mailing address)
8. To further carry out organization's mission.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Angela Geter
Office Address: 1801 SE Elrose St.
Port St. Lucie, Florida 34952
(City) (Zip Code)

10. Registered Agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Angela S. Geter
(Registered Agent's signature)

11. Attached is a Certificate of Existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 13 PM 1:30

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Kathy Springer Jones

Address: PO Box 8325

Port St. Lucie, FL 34985-8325

Vice Chairman: Vacant

Address: _____

Director: Angela S. Geter

Address: 1801 SE Elrose St.

Port St. Lucie, FL 34952

Director: Theodis Springer

Address: 343 Lake Park Trail

Oviedo, FL 32765-8114

B. OFFICERS

President: Kathy Springer Jones

Address: PO Box 8325

Port St. Lucie, FL 34985-8325

Vice President: Theodis Springer

Address: 343 Lake Park Trail

Oviedo, FL 32765-8114

Secretary: Angela Geter

Address: 1801 SE Elrose St., Port St. Lucie, FL 34952

Treasurer: Theodis Springer

Address: 343 Lake Park Trail, Oviedo, FL 32765-8114

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kathy Springer Jones
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kathy Springer Jones
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 13 PM 11:30

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

The WORD Place, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is October 07, 2002.

Nothing more is hereby certified.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 13 PM 1:30



*Signed and Sealed at Richmond on this Date:
August 20, 2004*

Joel H. Peck
Joel H. Peck, Clerk of the Commission