

NO6000064094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

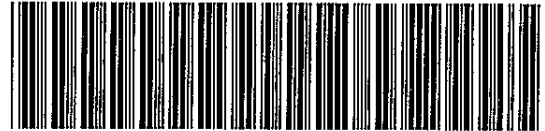
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COVER LETTER

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

SUBJECT: SCHORR FOUNDATION 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: James L. Schorr
Name (Printed or typed)

931 Sunridge
Address

Sarasota FL 34234
City, State & Zip

941.266.7181
Daytime Telephone number

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:
SCHORR FOUNDATION INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
931 Sunridge . Sarasota, FL 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Education and Financial Assistance to individuals starting new businesses

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
elected annually

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

James L. Schorr Sr 931 Sunridge Sarasota, FL 34231
James L. Schorr Jr. 931 Sunridge Sarasota FL 34231
Patti D. Gulsby 931 Sunridge Sarasota FL 34231

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

James L. Schorr 931 Sunridge Sarasota, FL 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
James L. Schorr 931 Sunridge Sarasota FL. 34231

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.

Signature/Registered Agent

4/11/06

Date

Signature/Incorporator

4/11/06

Date



LeAnn B. Yow
LeAnn B. Yow
MY COMMISSION # DD415627 EXPIRES
April 6, 2009
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
06 APR 12 PM 12:00
TALLAHASSEE, FLORIDA