

NO7000005322

(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



400102693774

05/30/07--01025--020 **87.50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 MAY 30 PM 12:41
FILED
07 MAY 30 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

D. McKnight MAY 30 2007

COVER LETTER

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

SUBJECT: ICAN/ICAN TOO ORGANIZATION, 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: SARA JILL MERCER
Name (Printed or typed)

364 HICKORY LANE
Address

HAVANA, FLORIDA 32333
City, State & Zip

(850) 539-5775 (cell: 345-8742)
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 717, F.S., (Not for Profit)

Articles of incorporation of the undersigned, desiring to form a Non-Profit Corporation under the Non-Profit Corporation, Law of Florida, do hereby certify

ARTICLES I

NAME:

The name of the corporation shall be ICAN/ICAN Too Organization, Inc.

ARTICLE II

PRINCIPLE OFFICE

The place in this state where the principal office of the Corporation is to be located is 101 Cherry, Havana, Florida 32333

ARTICLE III

PURPOSE

The ICAN/ICAN Too Organization is a learning family initiative that helps parents of at-risk children to contribute more effectively to their children's academic success, and to break the cycle of poverty by taking advantage of adult education opportunities that lead to better jobs and increased upward mobility.

The corporation is organized exclusively for charitable and educational purposes, including for such purpose, the making of distributions or organization that qualify as exempt organizations under section 501(c)3 of the internal Revenue Code

ARTICLE IV

MANNER OF ELECTION

The Directors will be appointed to serve a two year term by, Dr. Shirley L. Aaron. Thereafter, directors will be elected by a majority vote of the current directors.

ARTICLE V

INITIAL DIRECTORS

The management of the affairs of the corporation shall be vested in a board of directors as defined by the corporation's bylaws. No director shall have any right, title, or interest

FILED
07 MAY 30 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

in or to any property of the corporation. The number of directors constituting the initial board of directors is four (4); their names and addressers are as follows:

Dr. Shirley L. Aaron
101 Cherry Street
Havana, Florida 32333

Mrs. Nell Cunningham
310 Bostic Road
Havana, Florida 32333

Ms. Sara Jill Mercer
364 Hickory Lane
Havana, Florida 32333

Dr. Verna Norris
1210 Kenp Road
Havana, Florida 32333

ARTICLE VI

DURATION/DISSOLUTION

The duration of the corporate existence shall be perpetual until dissolution. Upon the dissolution of the organization, assets of the corporation shall e distributed for one or more exempt purposes within the meaning of Section 501(c)3 of the Internal Revenue Code , or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

ARICLE VII

INITIAL REGISTERED AGENT AND STREET ADRESS

Dr. Shirley L. Aaron, 101 Cherry, Havana, Florida 32333

ARTICLE VIII

INCORPORATOR

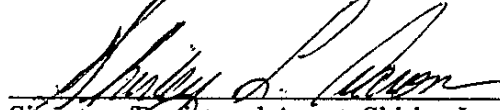
The Incorporator is Sara Jill Mercer, 364 Hickory Lane, Havana, Florida 32333

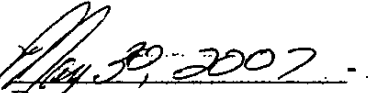
ARTICLE IX


EFFECTIVE DATE:

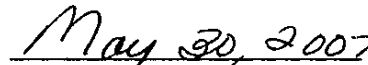
The effective date of the Articles of Incorporation will be the date of receipt by the Florida Department of State, Division of Corporations

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, Shirley L. Aaron


Date


Signature/Incorporator, Sara Jill Mercer


Date

FILED
07 MAY 30 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA