

**N07 000000 84/3**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

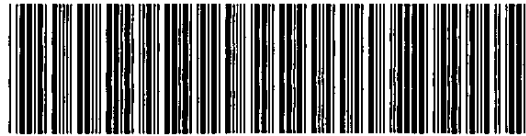
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. WHITE AUG 27 2007**

## COVER LETTER

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

SUBJECT: Haven S.O.F.A. Co-op, 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: Anne Eisinger  
Name (Printed or typed)

211 LAKE RING DRIVE  
Address

WINTER HAVEN FL 33884  
City, State & Zip

863-969-0262  
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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

Haven S.O.F.A. Co-op, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

211 LAKE RING DRIVE  
WINTER HAVEN, FL 33884

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

OFFER HOMESCHOOL FAMILIES AN OPPORTUNITY TO  
LEARN TOGETHER IN A CO-OPERATIVE ENVIRONMENT

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

majority vote

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

PRESIDENT - DONNA PHEWEGER  
V. PRES. - ARLYS FORTIER  
SEC. - DIANE BRADLEY  
TREASURER - ANNE EISINGER

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

ARLYS FORTIER  
709 PIEDMONT  
WINTER HAVEN FL 33880

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ANNE EISINGER  
725 W. Central Ave  
Winter Haven, FL 33880

\*\*\*\*\*

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

Date

8/6/07

Signature/Incorporator

Date

8/6/07