

N08000006093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

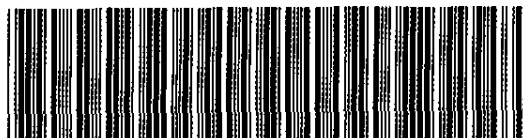
(Business Entity Name)

(Document Number)

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

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RECEIVED  
08 JUN 26 PM 12:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 JUN 26 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Community Technology Outreach, 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: MELINDA PATRICK COWEN PHD  
Name (Printed or typed)

10765 JOHNSTOWN LOOP  
Address

TALLAHASSEE, FL 32309  
City, State & Zip

(850) 894-2609  
Daytime Telephone number  
(850) 284-2094

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:

Community Technology Outreach, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

6765 JOHNSTOWN LOOP, TALLAHASSEE, FLORIDA 32309  
P.O. BOX 15613 TALLAHASSEE, FL 32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE INFORMATION AND ~~COMMUNITY~~ <sup>COMPUTER</sup> TECHNOLOGY  
TO COMMUNITIES

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

APPOINTED ONCE A YEAR

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

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

MELINDA PATRICK COWEN 6765 JOHNSTOWN LOOP, TALLAHASSEE,  
FLORIDA 32309 PRESIDENT  
MICHAEL TODD WOODWARD

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

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

MELINDA PATRICK COWEN  
6765 JOHNSTOWN LOOP  
TALLAHASSEE, FLORIDA 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MELINDA PATRICK COWEN  
6765 JOHNSTOWN LOOP  
TALLAHASSEE, FLORIDA 32309

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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.

Melinda Patrick Cowen  
Signature/Registered Agent

06/25/08  
Date

Melinda Patrick Cowen  
Signature/Incorporator

06/25/08  
Date