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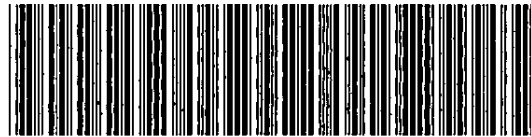
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
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B. McKnight JUL 22 2008

## COVER LETTER

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

**SUBJECT:** Open Hearts Academy- Port St. Lucie, 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:** Dr. Gwendolyn Purcell  
Name (Printed or typed)

2038 SW Scorpio Lane  
Address

Port St. Lucie, FL 34984  
City, State & Zip

954-658-7762  
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:

Open Hearts Academy - Port St. Lucie, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

2038 SW Scorpio Lane  
Port St Lucie, FL 34984

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Open Hearts Academy - Port St. Lucie will function as an outreach to the community and support the non-partisan educational and emotional development of children with Higher functioning Autism in the form of a 6th grade through 12th grade school. It will support a transition program for students up to 21 years of age if needed.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Appointed

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

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

Gwendolyn Purcell, Ed.D, 2038 SW Scorpio Lane, Port. St. Lucie, 34984, Director  
Dempuls Giabog, 1704 Buchanan ST, Hollywood, FL 33020, Director  
Evangeline Belono-Ac, 1704 Buchanan ST, Hollywood, FL 33020, Director

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

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

Dr. Gwendolyn Purcell  
2038 SW Scorpio Lane  
Port St. Lucie, FL 34984

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dr Gwendolyn Purcell  
2038 SW Scorpio Lane  
Port St Lucie, FL 34984

\*\*\*\*\*

*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

July 15, 2008

Date

  
Signature/Incorporator

July 15, 2008

Date

08 JUL 22 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED