11080000007189

•				
(Requestor's Name)				
(Address)				
,				
(Address)				
(Address)				
·				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Pusiness Extity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
-				
Special Instructions to Filing Officer:				
·				

Office Use Only



400132710404

07/17/08--01008--001 **70.00

08 JUL 30 PH 4: 25

SECRETARY OF STATE OIVISION OF CORPORATIONS

W080000 33909

EP 2/30/08



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2008

DR. GWENDOLYN PURCELL 2038 SW SCORPIO LANE PORT ST. LUCIE, FL 34984

SUBJECT: OPEN HEARTS ACADEMY-BROWARD COUNTY, INC.

Ref. Number: W08000033909

We have received your document for OPEN HEARTS ACADEMY-BROWARD COUNTY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 108A00042030

RECEIVED

Division of Comparations DO DOV 6297 Tallahassas Florida 2921

COVER LETTER

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

SUBJECT:	BJECT: Open Hearts Academy- Broward County, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
			•	
Enclosed is an original	and one(1) copy of the Articl	es of Incorporation and	a check for :	
\$70,00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78,75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	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 - Broward County, Inc.

ARTICLE II PRINCIPAL OFFICE



Gwen Purcell 2038 SW Scorpio Ln. Port St. Lucie, FL 34984

mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Open Hearts Academy - Broward County 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 Glabog, 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 <u>name and address</u> 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 ceptificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

mull Mull ignature/Registered Agent

July 15, 2008

July 15, 2008

Date

Signature/Incorporator

Date