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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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09 FEB 25 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 25 2009  
D.A. WHITE

## COVER LETTER

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

SUBJECT: Lil' RaSkills Enrichment and Learning Center, 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: Tamaria Thomas  
Name (Printed or typed)

5001 Lakefront Dr. F-11  
Address

Tallahassee, FL 32303  
City, State & Zip

850-556-8359 / 329-7129  
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**  
09 FEB 25 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Lil' Raskills Enrichment and Learning Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

5001 Lakefront Dr. F-11 Tallahassee, FL 32303

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Lil' Raskills Enrichment and Learning Ctr, Inc. objective is to provide a safe haven to after-schoolers grades (K-12), not excluding students with special needs or accommodations, in low income demographic area(s). Activities and curriculums will support the growth of each child developmentally (mentally, socially, emotionally, and physically)

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed: The initial<sup>(3)</sup> director are appointed. All other director will be accepted by letter of recommendation/ interest. At next meeting date the director will approve or not appoint the interested party.

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

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

Tamaria Thomas 5001 Lakefront Dr. F-11, Tall, FL 32303 President, Treasurer  
Kishara Gipson 3303 Sugarberry Way, Tall, FL 32303 Secretary  
Traviata Cox 1715 Belle Haven Dr, Landover, MD 20185 Member, D

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

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

Tamaria Thomas 5001 Lakefront Dr. F-11, Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Tamaria Thomas 5001 Lakefront Dr. F-11, Tallahassee, FL 32303

\*\*\*\*\*

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.

Tamaria Thomas

Signature/Registered Agent

3/25/09

Date

Tamaria Thomas

Signature/Incorporator

3/25/09

Date