

NO9000006808

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

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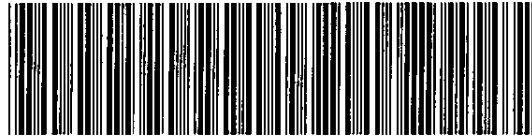
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight JUL 14 2009

## COVER LETTER

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

SUBJECT: Center for Critical Thinking, 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: Amy Turner  
Name (Printed or typed)

6625 New Haven Circle  
Address

Naples, FL 34109  
City, State & Zip

239-594-0304  
Daytime Telephone number

ast@comcast.net  
E-mail address: (to be used for future annual report notification)

**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:  
Center for Critical Thinking, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal ~~street~~ address and mailing address, if different is:  
C/O Kenneth O'Leary  
27499 Riverview Center Blvd., Suite 101  
Bonita Springs, FL 34134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Community Education

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Voted in by members

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

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

Kenneth O'Leary DP 27499 Riverview Center Blvd, #101, Bonita Springs, FL 34134  
Bernard Turner DVP 210 Mooringline Drive, Naples, FL 34102  
Frank Friend DT 7559 San Miguel Way, Naples, FL 34109  
Jeanmarie Hendry Friend DS 7559 San Miguel Way, Naples, FL 34109

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

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

Kenneth O'Leary  
27499 Riverview Center Blvd., Suite 101  
Bonita Springs, FL 34134

**ARTICLE VII INCORPORATOR**

The ~~name and address~~ of the Incorporator is:

Amy Turner  
6625 New Haven Circle  
Naples, FL 34109

\*\*\*\*\*  
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

7-8-09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7-9-09  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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