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(Requestor's Name)

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(City/State/Zip/Phone #)

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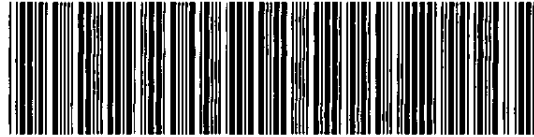
(Business Entity Name)

(Document Number)

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

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11/09/09--01003--002 \*\*8.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 10 2009  
D.A. WHITE

## COVER LETTER

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

**SUBJECT:** Non-profit Domestication for The WORD Place Foundation

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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Kathy Springer Jones  
\_\_\_\_\_  
Name (printed or typed)

PO Box 8325  
\_\_\_\_\_  
Address

Port Saint Lucie, FL 34985  
\_\_\_\_\_  
City, State & Zip

772-985-3304 or 772-785-6114  
\_\_\_\_\_  
Daytime Telephone Number

kathyspringerj@yahoo.com ✓  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2009

KATHY SPRINGER JONES  
PO BOX 8325  
PORT SAINT LUCIE, FL 34985

SUBJECT: THE WORD PLACE, INC.  
Ref. Number: W09000042233

We have received your document for THE WORD PLACE, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 609A00030926

**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, Kathy Springer Jones, President/CEO  
(Name) (Title)  
of The WORD Place, Inc. a foreign Corporation  
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was October 07, 2002.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Richmond, Virginia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was The WORD Place, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is The WORD Place Foundation, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Richmond, Virginia
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Kathy S Jones, of The WORD Place Foundation, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 16 day of September, 2009.

  
(Authorized Signature)

<b>Filing Fee:</b>	
Certificate of Domestication	<b>\$50.00</b>
Articles of Incorporation and Certified Copy	<b>\$78.75</b>
Total to domesticate and file	<b>\$128.75</b>

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

**FILED**

**ARTICLE I      NAME**

The name of the corporation shall be:

The WORD Place Foundation, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address shall be:

Place of Business: 1811 SW Taurus Lane, PSL, FL 34984

Mailing Address: PO Box 8325, PSL, FL 34985

**ARTICLE III   PURPOSE**

The purpose for which the corporation is organized:

This organization is a not-for-profit corporation established for charitable, religious, literary, research and educational purposes; and shall operate exclusively for these purposes within the meaning of section 501 (c)(3) Internal Revenue Code of 1986.

**ARTICLE IV   MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The Board of Directors & Officers of this corporation shall be appointed by the President of the corporation. All positions other than the President shall serve a term of one year, and may be reappointed annually until death, resignation or removal. In the event of death, the Vice President shall succeed the President of this corporation. Directors & Officers may reside in any state of the USA.

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

The name(s) and address(es) and specific title(s):

KS Jones - President/CEO - PO Box 8325, PSL, FL 34985

KJ Jones - Vice President/Secretary - PO Box 8325, PSL, FL 34985

PA Roberts - Treasurer - 905 North 24th Street, Fort Pierce, FL 34950

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

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

Paul A Roberts, Registered Agent

905 North 24th Street

Fort Pierce, FL 34950

**ARTICLE VII   INCORPORATOR**

The name and address of the incorporator is:

Kathy S Jones

PO Box 8325

Port St. Lucie, FL 34985

\*\*\*\*\*  
*Having been named as registered agent and 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

\_\_\_\_\_  
10/28/2009

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
10/28/2009

\_\_\_\_\_  
Date