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CLERK OF COURT  
TALLAHASSEE, FLORIDA

J. Shivers JAN 05 2011

## COVER LETTER

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

SUBJECT: OPSCENTER Educational Foundation, 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: Scott D. Norder  
Name (Printed or typed)

1944 Mississippi Ave  
Address

Englewood, FL 34224  
City, State & Zip

510-918-2935  
Telephone number

scott@norders.com  
E-mail address: (to be used for future annual report notification)

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2011 JAN -3 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

OPSCENTER Educational Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1944 Mississippi Ave

Englewood, FL 34224

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

OPSCENTER Educational Foundation, Inc., is organized to educate, train and provide resources to designers, developers and operators of a diverse array of operations centers, including but not limited to emergency operations centers, network operations centers, and tactical operations centers.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Directors shall be elected and appointed as provided for in the by-laws of the corporation.

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

Name and Title: Scott D. Norder, Executive Director

Address: 1944 Mississippi Ave.

Englewood, FL 34224

Name and Title: Robert Marcus, President

Address: 950 Marina Village Parkway

Alameda, CA 94501

Name and Title: Carol Marcus, Secretary

Address: 950 Marina Village Parkway

Alameda, CA 94501

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Scott D. Norder

Address: 1944 Mississippi Ave

Englewood, FL 34224

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Scott D. Norder

Address: 1944 Mississippi Ave

Englewood, FL 34224

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



Required Signature of Registered Agent

December 9, 2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

December 9, 2010

Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA