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(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

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

## SUBJECT: National Coalition for Accountable Parenting, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

S70.00 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: Catherine Durkin Robinson

Name (Printed or typed)

V

1407 Provincetown Circle

Address

Lutz, FL 33549

City, State & Zip

813.453.4274

1407 Proventer Classone number

## crobinson2k@yahoo.com

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**

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			INCORPORATION	APPHOVEL
•		In compliance with Cha	apter 617, F.S., (Not for Profit)	ANÓ
ARTICLE I	NAME	National Coalition for	or Accountable Parentin	g, Inc. FILED
ne name of the	corporation shall be:			11 MAP 20 AM C.
ARTICLE II	PRINCIPAL O			11 MAR 28 AM 6:
		pal street address		Mailing address, if different is:
i		town Circle		SECRETATION OF STAT
•	Lutz, FL 3354	9		IALLARASSEE, HLOH
ARTICLE III	PURPOSE			
he purpose for	which the corporati	on is organized is:		
parents, regardle to influence legis while remaining	ess of gender or circu slation at the local, sta crime-free; to influence	mstance, the necessary skills te, and national level that rev	so they may raise children who vards parents whose children ear e, and national level that provide:	ublic to hold parents accountable; to teach bring honor to themselves and their family; m passing grades and achieve graduation s disincentives for parents whose children
ARTICLE IV	MANNER OF	ELECTION The manne	r in which the directors are elect	ted and appointed:
All officers a	appointed by th	e Founder.		
ARTICLE V	INITIAL OFF	ICERS AND/OR DIREC	TORS	
				Robinson - Vice President
Address:	1407 Provin	cetown Circle		
	<u>LUIZ, FL 33</u>	549		
Name and Address:	Title:Michele Ber	ezniak - Secretary	Name and Title: Noree	n Durkin - Treasurer
Audress.			Address	
				<u> </u>
Name and	Title:		Name and Title:	
Address:				
ARTICLE VI	REGISTEREI	AGENT		
		s (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Catherine	Durkin Robinson		
Address:		incetown Circle		
	Lutz, FL 3	3549		
ARTICLE VII	INCORPORA	TOR		
	ddress of the Incorp			
Name:		Durkin Robinson		
Address:	Lutz, FL 3	incetown Circle		
			rocess for the above stated co. istered agent and agree to act b	
$- \cup$	Nel_	Signature of Registered Age		03.23.11
	Required	Signature of Registered Age	TN	Date
			re true. I am aware that any fa ovided for in s.817.155, F.S.	ilse information submitted in a document
(' <i>K</i>	01			03.23.11
			<u> </u>	03.23.11

Required Signature of Incorporator

03.23.11 Date \* :