

N 11000005685

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PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
6/13

COVER LETTER

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

SUBJECT: WRITE UP, 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: J. Bradley Smoker
Name (Printed or typed)

1104 Doris Ave.
Address

Tavares, FL 32778
City, State & Zip

352-742-1594
Telephone number

jbs1104@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)

WRITE UP, Inc.

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1104 Doris Ave.
Tavares, FL 32778

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Research effective methods for teachers to instruct students in basic and AP writing skills.
Produce Powerpoint instruction units in the progressive development of writing skills.
To present these units to teacher workshops and to students in the classroom.
To create and publish books and Powerpoints on healthy eating and training diets for athletes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors are appointed for indefinite terms by the founders of the corporation. Vacancies are filled by majority vote founding and new directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Smoker, President Name and Title: _____
Address: North Park Ave. N Address: _____
Seattle, WA 98133

Name and Title: Amy Lanier, Sec.-Treasurer Name and Title: _____
Address: 316 Reade Rd. Address: _____
Chapel Hill, NC 27516

Name and Title: Brad Smoker, Executive Director Name and Title: _____
Address: 1104 Doris Ave. Address: _____
Tavares, FL

ARTICLE VI REGISTERED AGENT

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

Name: Brad Smoker
Address: 1104 Doris Ave.
Tavares, FL 32778

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brad Smoker
Address: 1104 Doris Ave.
Tavares, FL 32778

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

J. Bradley Smoker
Required Signature of Registered Agent

6.8.2011
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.

J. Bradley Smoker
Required Signature of Incorporator

6.8.2011
Date