

N11000005980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

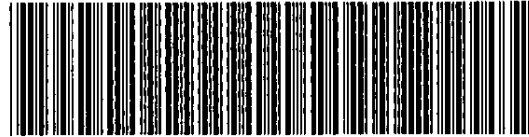
(Business Entity Name)

(Document Number)

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

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2011 JUN 20 11:10:03

11 JUN 20 AM 10:03

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## COVER LETTER

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

SUBJECT: The Homeschool Campus, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: ANNE EISINGER  
Name (Printed or typed)

661 AVENUE K, NW  
Address

WINTER HAVEN, FL 33881  
City, State & Zip

863-287-5921  
Daytime Telephone number

anne.eisinger@gmail.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**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: THE HOMESCHOOL CAMPUS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6661 AVENUE K, NW  
Winter Haven FL 33881

Mailing address, if different is:  
PO Box 7013  
Winter Haven FL 33883

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To support & encourage local homeschoolers  
& provide a MEETING PLACE FOR SOCIAL & EDUCATIONAL

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

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

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: \_\_\_\_\_  
Address: ANNE EISINGER  
6661 AVENUE K, NW  
WINTER HAVEN FL 33881

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANNE EISINGER  
Address: 6661 AVENUE K, NW  
WINTER HAVEN FL 33881

11 JUN 20 AM 10:03  
SECRETARY OF STATE  
FLORIDA DEPARTMENT OF REVENUE

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

6/6/11  
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

6/6/11  
Date