

N11000006739

(Requestor's Name)

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(City/State/Zip/Phone #)

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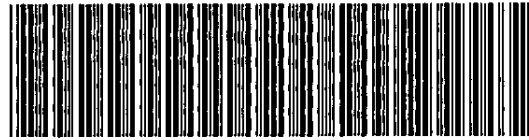
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Florida Foundation for Financial Literacy, 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: Nina Blythe Strickland  
Name (Printed or typed)

7370 College Parkway, Suite 305  
Address

Fort Myers, FL 33907  
City, State & Zip

239-274-8657  
Telephone number

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

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2011

NINA B STRICKLAND  
7370 COLLEGE PKWY STE 305  
FORT MYERS, FL 33907

SUBJECT: FLORIDA FOUNDATION FOR FINANCIAL LITERACY, INC.  
Ref. Number: W11000035838

We have received your document for FLORIDA FOUNDATION FOR FINANCIAL LITERACY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type in the name of the corporation in article I.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 611A00016103

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

**ARTICLE I NAME**

The name of the corporation shall be: Florida Foundation for Financial Literacy, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7370 College Parkway  
Suite 305  
Fort Myers, FL 33907

Mailing address, if different is:  
PO Box 150789  
Cape Coral, FL 33915

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is a nonprofit, public benefit corporation. The specific purpose for which this corporation is organized is to provide education and assistance to the general public on subjects of financial planning, retirement planning and to reduce financial illiteracy by means of seminars, counseling, and publications.

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

The directors of this corporation will be appointed by the President of the corporation.

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

Name and Title: <u>M.L. Strickland, President</u>	Name and Title: _____
Address: <u>7370 College Parkway</u>	Address: _____
<u>Suite 305</u>	_____
<u>Fort Myers, FL 33907</u>	_____

Name and Title: <u>Nina Strickland, V. President</u>	Name and Title: _____
Address: <u>7370 College Parkway</u>	Address: _____
<u>Suite 305</u>	_____
<u>Fort Myers, FL 33907</u>	_____

Name and Title: <u>Stephen Blythe, Secretary</u>	Name and Title: _____
Address: <u>2728 SE 22nd Avenue</u>	Address: _____
<u>Cape Coral, FL 33904</u>	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Nina Blythe Strickland  
Address: 7370 College Parkway  
Suite 305  
Fort Myers, FL 33907

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: M.L. Strickland  
Address: 7370 College Parkway  
Suite 305  
Fort Myers, FL 33907

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

Stephen Blythe Strickland  
Required Signature of Registered Agent

July 12 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.

[Signature]  
Required Signature of Incorporator

7-12-2011  
Date

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA