

N 120000001159

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000026312 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
12 JAN 31 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
MARIE B ELLIS CULTURAL ENRICHMENT CENTER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
12 JAN 31 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
2/1/12

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

MARIE B ELLIS CULTURAL ENRICHMENT CENTER, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICEPrincipal street address
1804 BETHUNE DR
PLANT CITY, FL 33563Mailing address, if different is:
P O BOX 2492
PLANT CITY, FL 33563**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
EDUCATIONAL AND CULTURAL SERVICE**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:
AS PROVIDED FOR IN THE BYLAWS**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LINDA LIGHT, DIRECTOR
Address: 110 W REYNOLDS ST
SUITE 102
PLANT CITY, FL 33563Name and Title:
Address:Name and Title: CALVIN CALLINS, DIRECTOR
Address: 6371 EAGLE RIDGE
LAKE LAND, FL 33801Name and Title:
Address:Name and Title: HENRY SIMMONS, DIRECTOR
Address: 308 S JOHNSON ST
PLANT CITY, FL 33563Name and Title:
Address:**ARTICLE VI REGISTERED AGENT**

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

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LINDA LIGHT
Address: 110 W REYNOLDS ST
SUITE 102
PLANT CITY, FL 33563*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*

Corporation Service Company

By: Deb Reeves

Required Signature of Registered Agent

DEB REEVES, ASSISTANT VP

01/25/2012

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.*Linda E. Light
LINDA LIGHT

Required Signature of Incorporator

1/24/2012
DateFILED
12 JAN 31 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA