N1200001954

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



200220556672

02/20/12--01055--005 **78.75

FILED

12 FEB 20 PH 4: 55

SEORETARY OF STATE
PALLAHASSEE FI AND

L Buren 2012

COVER LETTER

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

SUBJECT: Lake Region Step Up Academy, Inc.				
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	JDE SUFFIX)	
			La abada Cara	
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 CO	OPY REQUIRED	
FROM: Alicia Sentner, Charter School Business Services Name (Printed or typed)				
5120 S. Florida Av., Building C, Suite 319 Address				
Lakeland, FL 33813 City, State & Zip				
863-670-4117 Daytime Telephone number				

asentner@tampabay.rr.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 Lake Region Step Up Academy, Inc.

ARTICLE II PRINCIPAL OFFICE:

The place in this state where the principal office of Corporation is to be located is -

1995 Thunder Rd. Eagle Lake, FL 33839 Polk County

ARTICLE III PURPOSE:

Lake Region Step Up Academy will address the specific needs of those students who are at-risk or who have dropped out of the traditional high school. By creating this charter district partnership, students will benefit from the increased flexibility and funding offered to charter schools while still being engaged in traditional high school activities, electives and other benefits.

Said corporation, Lake Region Step Up Academy, Inc., is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION:

Members of the Board of Trustees will be elected by the nominating committee comprised the principal, board chairperson and teacher. The nominating committee would present names to the Board and selected by majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS:

Name and Title:

Joel T. McGuire, Principal

Name and Title:

Bennie Harrod

Address:

1995 Thunder Road

Address:

3 Lake Eloise Drive

Eagle Lake, FL 33839

Winter Haven, FL 33884

Name and Title: Dr. Steven Warner

Name and Title: Debra Wright, School Board Member

Address:

2005 West Lake Hamilton

School Board of Polk County

Winter Haven, FL 33881

P.O. Box 391 Bartow, FL 33831

Name and Title: Frank O'Riely, School Board Member

Address:

School Board of Polk County

P.O. Box 391 Bartow, FL 33831

ARTICLE VI DISSOLUTION OF CORPORATION:

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Anny such assets not so disposed of shall be disposed of by a Court Competent Jurisdiction of the county in which the principal office or the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Address:

ARTICLE VII REGISTERED AGENT:

The name and Florida street address of the registered agent is:

Name:

Joel McGuire

Address:

1995 Thunder Rd.

Eagle Lake, FL 33839

ARTICLE VIII INCORPORATOR:

The name and address of the Incorporator is:

Name:

Alicia Sentner

Address:

Charter School Business Services

5120 S. Florida Ave., Building C, Suite 319

Lakeland, FL 33813

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.

les. h	2-10-12
Signature of Registered Agent	Date
I submit this document and affirm that the facts stated her information submitted in a document to the Department of	
growided for in s.817.155 F.S.	2/14/12
Signature of Incorporator	Date

FILED
12 FEB 20 PM 4: 55
SECRETARY OF STATE
SECRETARY OF STATE