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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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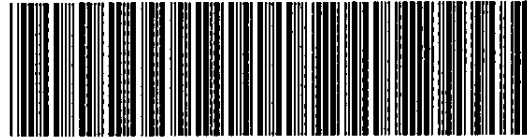
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB 20 PM 2:08

PS 2/21/12

## COVER LETTER

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

SUBJECT: MULBERRY STEP UP ACADEMY, 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: ALICIA SENTNER, CHARTER SCHOOL BUSINESS SERVICES  
Name (Printed or typed)

5120 S. FLORIDA AV., BUILDING C, SUITE 319  
Address

LAKE LAND 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)*

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### **ARTICLE I NAME:**

The name of the corporation shall be Mulberry Step Up Academy, Inc.

### **ARTICLE II PRINCIPAL OFFICE:**

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

Northeast Fourth Circle  
Mulberry, FL 33860  
Polk County

### **ARTICLE III PURPOSE:**

The Mulberry Step Up Academy, Inc. is a unique and independent charter school proposed to address the specific needs of those students who are at-risk or who have dropped out of the traditional high school. By creating an independent charter school with a district partnership, students will benefit from the increased flexibility and funding offered to charter schools while still being fully engaged in traditional high school activities, electives and other benefits.

Said corporation, Mulberry 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:**

The manner in which the directors are elected and appointed:

Appointed by the governing board.

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

Name and Title: Patricia Barnes  
Address: Northeast Fourth Circle  
Mulberry, FL 33860

Name and Title: Hazel Sellers, Director  
Address: 1915 S Floral Ave  
Bartow, FL 33830

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Name and Title: Frank O'Reilly, Director  
Address: 1915 S Floral Ave  
Bartow, FL 33830

**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. Any 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.*

**ARTICLE VII REGISTERED AGENT:**

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

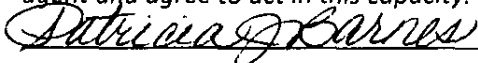
Name: Patricia Barnes  
Address: Northeast Fourth Circle  
Mulberry, FL 33860

**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.*

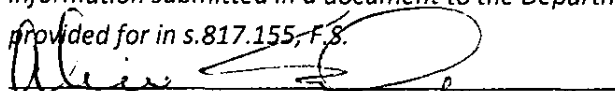


Signature of Registered Agent

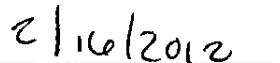


Date

*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 of Incorporator



Date