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SECRETARY OF STATE
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MRS 7/10/12

#### **COVER LETTER**

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

STEP UP FOUNDATION, INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for: \$78.75 \$87.50 \$70.00 \$78.75 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy & Certificate Status ADDITIONAL COPY REQUIRED FROM: GREG K. MYERS Name (Printed or typed) Myers Business Services, Inc. P.O. Box 10189 City, State & Zip Brooksville, FL 34603-0189 352-544-0024ime Telephone number

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

E-mail address: (to be used for future annual report notification)

MBSINC1979@aol.com



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2012

GREG K MYERS MYERS BUSINESS SERVICES, INC. PO BOX 10189 BROOKSVILLE, FL 34603-0189

SUBJECT: STEPSS FOUNDATION, INC.

Ref. Number: W12000034699

We have received your document for STEPSS FOUNDATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 112A00017649

Affarlan

#### ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE. FLORIBA

#### ARTICLE I - NAME:

The name of the corporation shall be: **STEP UP FOUNDATION, INC.** 

#### ARTICLE II - PRINCIPAL OFFICE:

3495 North Hiatus Road; Sunrise, FL 33351-7501

#### ARTICLE III - PURPOSE:

The organization is organized for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. To raise funds to develop educational and life skills programs for the Developmental Disabled Community to insure independent living and to direct funds to exempt organizations under section 501(c)(3) of the Internal Revenue Code that promote our programs. Our programs help developmentally disabled children and young adults to reach their highest educational level while developing independent living through life skills.

#### ARTICLE IV - MANNER OF ELECTION:

The manner in which the directors are elected and appointed is provided for in the Corporation By-Laws.

#### ARTICLE V - INITIAL OFFICERS AND DIRECTORS:

President ~ Shirley S. Gil: 4909 NW 92<sup>nd</sup> Avenue, Sunrise, FL 33351 V-President ~ Robert Samarel: 11658 SW 50<sup>th</sup> Avenue, Ocala, FL 34476 Secretary ~ Robert Samarel: 11658 SW 50<sup>th</sup> Avenue, Ocala, FL 34476 Treasurer ~ Shirley S. Gil: 4909 NW 92<sup>nd</sup> Avenue, Sunrise, FL 33351 Director ~ Ellen Kosco: 4307 Reflections Boulevard, Sunrise, FL 33351

#### ARTICLE VI - DISSOLUTION:

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or 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.

<u>ARTICLE VII - REGISTERED AGENT:</u>
The <u>name and Florida street address (P.O. Box NOT acceptable)</u> of the registered agent is:

Shirley S. Gil: 4909 NW 92<sup>nd</sup> Avenue, Sunrise, FL 33351

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: 6/15/12
ARTICLE VIII - INCORPORATOR:
The <u>name and address</u> of the Incorporator is:
- Shirley S. Gil: 4909 NW 92 <sup>nd</sup> Avenue, Sunrise, FL 33351
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
Signature of Incorporator  Date:
Signature of incorporator $\sim 111$

