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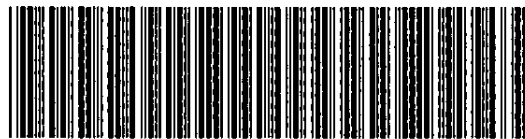
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN -3 AM 11:36



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2013

DR. GWENDOLYN PURCELL  
5401 SOUTH KIRKMAN RD, SUITE 310  
ORLANDO, FL 32819

SUBJECT: FLORIDA INTERCULTURAL ACADEMY: CENTER FOR  
EDUCATIONAL PARTNERSHIPS (CEP), INC.  
Ref. Number: W13000029364

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

13 JUN -3 PM 4:08

RECEIVED

We have received your document for FLORIDA INTERCULTURAL ACADEMY: CENTER FOR EDUCATIONAL PARTNERSHIPS (CEP), 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please delete the trademark symbol from the entity name.

Please return 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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 613A00012576

## COVER LETTER

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

**SUBJECT: Florida Intercultural Academy: Center for Educational Partnerships, 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: **Dr. Gwendolyn Purcell**  
Name (Printed or typed)

**5401 South Kirkman Rd., Suite 310**  
Address

**Orlando, FL 32819**  
City, State & Zip

**(404)-363-5757**  
Daytime Telephone number

**DRGWENPURCELL@FIA-SCHOOLS.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: Florida Intercultural Academy: Center for Educational Partnerships, Inc.

**ARTICLE II      PRINCIPAL OFFICE**

Principal ~~street~~ address:

**5401 South Kirkman Rd., Suite 310**  
**Orlando, FL 32819**

Mailing address, if different is:

**-SAME AS PRINCIPAL-**

**ARTICLE III      PURPOSE**

**The purpose for which the corporation is organized is:** Florida Intercultural Academy: Center for Educational Partnerships, Inc. is a non-profit educational and vocational organization committed to helping children and their families in the fight against Autism. Our mission is to provide leadership, training and management support for community organizers, individuals, and governing boards in their fight against Autism. Said organization is organized exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations under 501C3 of the Internal Revenue Code, or corresponding section of any federal tax code.

Upon the dissolution of the 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. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization 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 IV      MANNER OF ELECTION** The manner in which the directors are elected and appointed: Per By Laws

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

Name and Title: Dr. Gwendolyn Purcell, D/P Name and Title: \_\_\_\_\_

Address 5401 South Kirkman Rd., Suite 310 Address: \_\_\_\_\_

Orlando, Florida 32819

Name and Title Sandra Dee Garrison, D/VP Name and Title: \_\_\_\_\_

Address 5401 South Kirkman Rd., Suite 310 Address: \_\_\_\_\_

Orlando, Florida 32819

Name and Title: Tierenny Monet D/S Name and Title: \_\_\_\_\_

Address 5401 South Kirkman Rd., Suite 310 Address: \_\_\_\_\_

Orlando, Florida 32819

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**ARTICLE VI REGISTERED AGENT**

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

Name: Dr. Gwendolyn Purcell  
Address: 5401 South Kirkman Rd., Suite 310  
Orlando, Florida 32819

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Gwendolyn Purcell  
Address: 5401 South Kirkman Rd., Suite 310  
Orlando, Florida 32819

*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*

Gwendolyn Purcell  
Required Signature of Registered Agent

May 28, 2013

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.*

Gwendolyn Purcell  
Required Signature of Incorporator

May 28, 2013

Date

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