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AUCO CO STATE

COVER LETTER

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

one (1) copy of the Ar	rticles of Incorporation and	a check for :	
	I		
\$78.75	\$78.75	\$87.50	
Filing Fee &	Filing Fee	Filing Fee,	
Status	& Certified Copy	Certified Copy & Certificate	
	ADDITIONAL CO	DPY REQUIRED	
leidi Chinlun	nd		
	Filing Fee & Certificate of Status	Filing Fee & Filing Fee Certificate of & Certified Copy Status	

2515 Old Kent Circle

Address

Kissimmee, FL 34758

City, State & Zip

407-625-0808

Daytime Telephone number

heidi_Chinlund@floridawindowofopportunity.org

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 The name of the	ne corporation shall be: Window of	Opportunity, Inc.
ARTICLE II		
251	Principal <u>street</u> address: 15 Old Kent Circle	Mailing address, if different is: PO Box 26
Kis	ssimmee, FL 34758	Intercession City, FL 33848
- •	or which the corporation is organized is:	s Corporation is formed exclusively for charitable,
		ses within the meaning of Section 5013c of the
		er any corresponding provisions of any subsequent
		o organizations qualified as tax-exempt.
		ility and a structured home environment to those
		tem as they further their education; to provide support
unconditio	nai love, and the tools necessary t	o prepare for successful independent living.
ARTICLE I		anner in which the directors are elected and appointed:
As provid	ded for in the bylaws.	· · · · · · · · · · · · · · · · · · ·
ARTICLE	V INITIAL OFFICERS AND/OR DI	RECTORS
	e: Heidi Chinlund, President	
	2515 Old Kent Circle	Name and Title:
Address	Kissimmee, FL 34758	Address:
	Michon Lamson, Secretary	
Name and Titl	8024 Golden Glen Court	Name and Title:
Address	Orlanod, FL 32819	Address:
Name and Titl	Nora Fernandez, Treasurer	Name and Title:
	2555 Kari Drive	
Address	Kissimmee, FL 34744	Address:

Name and Title:_		me and Title:	-		
Address	Ad	ldress:	-		
	Na.	me and Title:			
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	le) of the revistered avent is:			
Name:	Heidi Chinlund	to of the registered agent is.			
Address:	2515 Old Kent Circle				
	Kissimmee, FL 34758				
··· ·	INCORPORATOR dress of the Incorporator is: Heidi Chinlund			13 JUN 7	or state of
Name: Address:	2515 Old Kent Circle	 :		70	
Address.	Kissimmee, FL 34758	<u></u>	STATE	1:30	
certificate, I am f	Required Signature of Registered Age	re true. I am aware that any false information submi	113		
X	Required Signature of Incorpora	ator 5/3//	<u>/৩</u>		

Article VIII

Dissolution

A majority of the Board of Directors may authorize dissolution of the Corporation. After dissolution is authorized, the Corporation must file articles of dissolution, in compliance with Section 617.1403, Florida Statues, with the Florida Department of state.

Upon the winding up and dissolution of the Corporation, after paying or adequately providing for the debts and obligations of the Corporation, the remaining assets shall be distributed for one or more exempt purposes within the meaning of Section 5013c of the Internal Revenue Code, or the corresponding section of any future tax code.

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