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VH

COVER LETTER

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

SUBJECT: Tapestry Educator Initiative Incorporated
(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: Reggie Grant
Name (Printed or typed)

5802 Ashanti Way
Address

Tallahassee, FL 32311
City, State & Zip

(850)536-0627
Daytime Telephone number

reggiegee@comcast.net
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: Tapestry Educator Initiative Incorporated

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
5802 Ashanti Way

Tallahassee, FL 32311

Mailing address, if different:

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is being formed to improve education by providing high-quality curriculum and professional development to educators and school districts.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: directors are elected as specified in the corporation's bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam LaMee, President

Address: 1809 S. Magnolia Drive
Tallahassee, FL 32301

Name and Title: Paco Fiallos, Vice President

Address: 1962 Portland Avenue
Tallahassee, FL 32303

Name and Title: Kat Spradlin, Secretary

Address: 3909 Reserve Drive #523
Tallahassee, FL 32311

Name and Title: Reggie Grant, Treasurer

Address: 5802 Ashanti Way
Tallahassee, FL 32311

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Reggie Grant
Address: 5802 Ashanti Way
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Reggie Grant
Address: 5802 Ashanti Way
Tallahassee, FL 32311

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

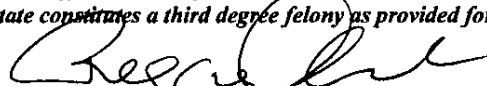


Required Signature of Registered Agent

7/15/13

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.



Required Signature of Incorporator

7/15/13

Date