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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
7/24/13

COVER LETTER

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

SUBJECT: Hillsborough STEM 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: Jill Dorsett
Name (Printed or typed)

738 Mikasuki Drive
Address

Lakeland, FL. 33813
City, State & Zip

863-904-5004
Daytime Telephone number

jilldorsett1@gmail.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: Hillsborough STEM Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
738 Mikasuki Drive

Lakeland, FL. 33813

Mailing address, if different is:
P.O Box 6425

Lakeland, FL. 33807-6425

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

A. To engage in and transact any lawful business for which educational organizations may be incorporated under the Florida General Corporation Act. No other purposes limits this general purpose in any way. B. To do such other things as are incidental to the purposes of the educational organization or necessary or desirable in order to accomplish them.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

The original incorporators will appoint the directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jill Dorsett, President

Address: 738 Mikasuki Drive
Lakeland, FL. 33813

Name and Title: _____

Address: _____

Name and Title: English Bradshaw, Vice-President

Address: 7922 Turnstone Circle W.
Jacksonville, FL. 32256

Name and Title: _____

Address: _____

Name and Title: Rugina Castillo, Secretary/Treasurer

Address: 2219 Barber Drive
Bartow, FL. 33830

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Jill Dorsett
Address: 738 Mikasuki Drive
Lakeland, FL. 33813

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jill Dorsett
Address: 738 Mikasuki Drive
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

Jill Dorsett

Required Signature of Registered Agent

07/17/2013

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.

Jill Dorsett

Required Signature of Incorporator

07/17/2013

Date

Jill Dorsett