

N13000006840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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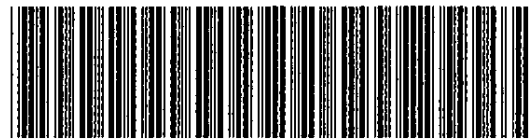
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. Burch AUG 1 2013

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COVER LETTER

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

SUBJECT: Hernando County Makerspace 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: Malcolm Smith
Name (Printed or typed)

4518 Yorkshire Ave
Address

Spring Hill Florida 34609
City, State & Zip

904-657-3285
Daytime Telephone number

msmith@savvysecurity.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: Hernando County Makerspace Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4518 Yorkshire Ave

Spring Hill Florida 34609

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Design and develop a makerspace
in a variety of community based contexts. That will serve a diverse
group of learners who may not share access to the same resources

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected in
the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Malcolm Smith Director

Address: 4518 Yorkshire Ave
Spring Hill Florida
34609

Name and Title: Connor Metz Officer

Address: 8119 Sealawn Dr
Spring Hill Florida
34606

Name and Title: Brendan Bale Officer

Address: 6217 Wayside ct
Spring Hill Florida
34606

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Malcolm Smith
Address: 4518 Yorkshire Ave
Spring Hill Florida 34609

ARTICLE VII INCORPORATOR

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

Name: Malcolm Smith
Address: 4518 Yorkshire Ave
Spring Hill Florida 34609

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TALLAHASSEE, FLORIDA

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

Malcolm Smith
Required Signature of Registered Agent

7/26/2013
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.

Malcolm Smith
Required Signature of Incorporator

7/26/2013
Date