

N 13 00000 8424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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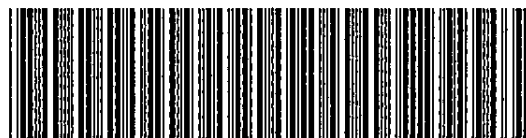
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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9/19/13

## COVER LETTER

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

SUBJECT: **The Center for Adoption, 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: **Brigette Schupay**

Name (Printed or typed)

**1813 1ST TER**

Address

**Hattiesburg, MS 39401**

City, State & Zip

**813-277-4272**

Daytime Telephone number

**Brigette@CenterforAdoption.org**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

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DIVISION OF CORPORATIONS

**ARTICLE I    NAME**

The name of the corporation shall be: The Center for Adoption, Inc.

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**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

1102 E 31st Ave

Tampa, FL 33603

Mailing address, if different is:

1813 1ST TER

Hattiesburg, MS 39401

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To support the adoption community through advocacy, education, research and adoption-competent clinical services.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: Initial board  
members shall be appointed by the Founder.

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

Name and Title: Brigette Schupay, CEO

Address: 1813 1ST TER

Hattiesburg, MS

39401

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Lisa Tackus

Address: 3504 Osprey Cove Dr.

Riverview, FL 33578

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Jacqueline Garman

Address: 11336 Jim Ct.

Riverview, FL 33569

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: Brigette Schupay

Address: 1102 E 31st Ave  
Tampa, FL 33603


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brigette Schupay

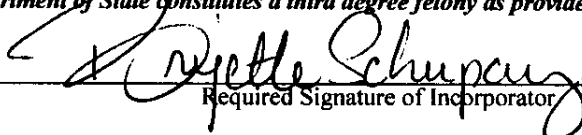
Address: 1102 E 31st Ave  
Tampa, FL 33603

*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

9/13/13  
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

9/13/13  
Date

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DIVISION OF CORPORATIONS