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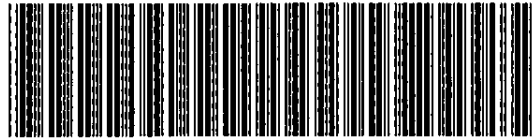
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COVER LETTER

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

SUBJECT: Lawton Chiles High School Foundation, 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: Julie Harrington, Ph.D.
Name (Printed or typed)

Lawton Chiles H.S., 7200 Lawton Chiles Lane
Address

Tallahassee, FL. 32312
City, State & Zip

850-488-1756
Daytime Telephone number

jharrington@cefa.fsu.edu
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: Lawton Chiles High School Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
Lawton Chiles High School

7200 Lawton Chiles Lane

Tallahassee, FL. 32312

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Lawton Chiles High School Foundation, Inc.
is a not-for-profit, independent organization with the purpose of providing
benefit to the Chiles High School community. The Chiles HS Foundation's
primary purpose is to provide additional financial and educational support
to the Chiles HS community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: At the annual meeting,
voting members will vote on the Directors. The Board shall set the time and place of the annual meeting. Election of officers will follow annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mr. Eric S. Algoe, Chair
Address: 3513 Loma Farm Rd.
Tallahassee, FL. 32309

Name and Title: Julie Harrington, Ph.D. *P*
Address: 7151 Beech Ridge Trail
Tallahassee, FL. 32312

Name and Title: Ms. Kaitlin DiLuzio *D*
Address: 1358 Pawnee Pointe Ct.
Tallahassee, FL. 32312

Name and Title: Mr. Brian Welch *P*
Address: 3117 Swaps Trail
Tallahassee, FL 32309

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: Julie Harrington, Ph.D.
Address: 7151 Beech Ridge Trail
Tallahassee, FL. 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julie Harrington, Ph.D.
Address: 7151 Beech Ridge Trail
Tallahassee, FL. 32312

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

Julie Harrington
Required Signature of Registered Agent

2-7-14
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.

Julie H - st
Required Signature of Incorporator

2-7-14
Date