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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

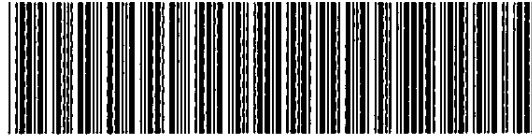
(Business Entity Name)

(Document Number)

Certified Copies ✓ X3 Certificates of Status \_\_\_\_\_

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TO: SECRETARY OF STATE  
SWIFT SERVICE DIVISION

2014 MAR -5 PM 3:05

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS  
14 MAR -4 PM 3:23

## COVER LETTER

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

SUBJECT: The Woodville Educational 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 x3  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Laura Adams  
Name (Printed or typed)

129 Sunflower Road  
Address

Tallahassee, Florida 32305  
City, State & Zip

850-545-5875  
Daytime Telephone number

ladams1238@embarqmail  
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: The Woodville Educational Foundation, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

129 Sunflower Road

Tallahassee, Florida 32305

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to develop, manage, and operate The Woodville Middle School of Leadership through History and Civics, which is a public charter school established in conformance with Section 1002.33, Florida Statutes, by vote of the school board of Leon County, Florida, on 2/12/2014.

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

Term of Office are outline in Article 5 of the Woodville Education Foundation Bylaws

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

Name and Title: Laura Adams, Chair

Address: 129 Sunflower Road  
Tallahassee, Fl. 32305

Name and Title: Kathy Bland (Director)

Address: 1901 Wax Myrtle Court  
Tallahassee, Fl. 32305

Name and Title: Fran Scott (Director)

Address: 2756 N. Sandalwood Dr.  
Tallahassee, Fl. 32305

Name and Title: Dina Martinez (Director)

Address: 807 Shannon Street  
Tallahassee, Fl. 32305

Name and Title: Travis Carden (Director)

Address: 9203 Taff Road  
Tallahassee, Fl. 32305

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

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

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DIVISION OF CORPORATIONS  
14 MAR -4 PM 3:23

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: Laura Adams

Address: 129 Sunflower Road  
Tallahassee, Florida 32305

**ARTICLE VII INCORPORATOR**

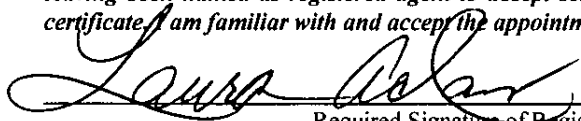
The name and address of the Incorporator is:

Name: Nancy Stokely

Address: P.O. Box 629 (264 Fire Escape Rd.)  
St. Marks, Florida 32355

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*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

3/4/2014

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

3/4/2014

Date