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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MP 4/9

COVER LETTER

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

SUBJECT: TEACH AND LEARN ~~ENTER CORP~~ Corp
(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: CLAUDIA RICHARD
Name (Printed or typed)

3130 SOUTH GATE DR #139
Address

ROCKLEDGE FL 32955
City, State & Zip

(321) 961-4677
Daytime Telephone number

teachandlearn01@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: TEACH AND LEARN Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3130 SOUTHBATE DR

Apt 139

Rockledge FL 32955

Mailing address, if different is:

PO Box 561543

Rockledge, FL 32956

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said corporation is organized
exclusively for charitable and educational purposes
the making of distributions to organizations that
qualify as exempt organizations under section 501(c)(3)
of the Internal Revenue Service Code, or the
corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by vote
or proxies.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAUDIA RICHARD - DIRECTOR Name and Title: _____

Address: 3130 SOUTHBATE DR Address: _____

Apt #139

Rockledge FL 32955

Name and Title: MARGARET KANE - Vice Chair Name and Title: _____

Address: 1040 OAK TREE PL Address: _____

MALABAR FL 32950

Name and Title: BRANDI SCHAFFNER - Secty Name and Title: _____

Address: 1225 MARQUISE CT Address: _____

Rockledge FL 32955

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

DEPARTMENT OF STATE
#114HASSECI FLORIDA

14 APR - 7 PM 2:29

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CLAUDIA RICHARD

Address: 3130 SOUTHGATE DR #139
ROCKLEDGE, FL 32955

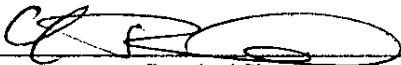
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLAUDIA RICHARD

Address: 3130 SOUTHGATE DR #139
ROCKLEDGE FL 32955

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

4/4/14

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.



Required Signature of Incorporator

4/4/14

Date