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COVER LETTER

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

SUBJECT: Educators Relief Foundation Incorporated
(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: Amanda M. Propst
Name (Printed or typed)

100 Holderness Drive
Address

Longwood, FL 32779
City, State & Zip

321-795-2716
Daytime Telephone number

propst2215@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:

Educators Relief Foundation Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

100 Holderness Drive

Longwood, FL 32779

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educators Relief Foundation is organized exclusively for charitable, religious, educational, and scientific purposes as specified in Section 501(c)(3) of the Internal Revenue Code, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. The specific purposes of Educators Relief Foundation is to encourage retention of highly qualified and dedicated educators with at least 3 years k-12 classroom experience by helping to pay current student loan debt that was borrowed while earning their undergraduate degree or subject specific graduate degree from an accredited U.S. University.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Election to the Board of

directors shall be by majority vote of the members of the Board of Directors, which shall occur, except in the case of filling vacancies, at each annual meeting thereof.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amanda Propst/President

Address: 100 Holderness Drive
Longwood, FL 32779

Name and Title: Autumn Houston/Vice President

Address: 1111 Army-Navy Drive
#1207
Arlington, VA 22202

Name and Title: Sara Cohn/Secretary/Treasurer

Address: 4515 Deanna Court
Merritt Island, FL 32953

Name and Title:

Address:

Name and Title:

Address:

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS

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Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Amanda Propst
Address: 100 Holderness Drive
Longwood, FL 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amanda Propst
Address: 100 Holderness Drive
Longwood, FL 32779

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

4/09/14
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

4/09/14
Date