

N14 00005451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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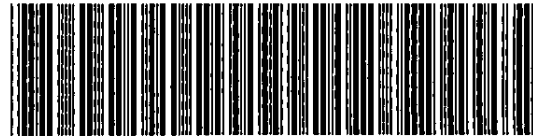
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 JUN -5 AM 9:11

#COS
6/10em

COVER LETTER

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

SUBJECT: Children Across America - FL, 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: Anne Leavitt
Name (Printed or typed)

8740 SE Bahama Circle
Address

Hobe Sound, FL 33455
City, State & Zip

(508) 713-5991
Daytime Telephone number

Childrenacrossamericafl@aol.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: Children Across America FL, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8740 SE Bahama Circle
Hobe Sound, FL
33455

Mailing address, if different is:

PO BOX 534
Hobe Sound, FL
33475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide educational
+ preventative programming to children
and their families.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES
4 JUN - 5 AM 9:12

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: majority
vote of Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Anne Leavitt, Executive Director</u>	Name and Title: <u>Marcy Singer, Director</u>
Address: <u>PO Box 534</u> <u>Hobe Sound, FL</u> <u>33475</u>	Address: <u>35 West Hill Rd.</u> <u>Mendon, MA. 01756-1023</u>
Name and Title: <u>Anne Leavitt, Treasurer</u>	Name and Title: _____
Address: <u>PO Box 534</u> <u>Hobe Sound, FL</u> <u>33475</u>	Address: _____
Name and Title: <u>Robert Leavitt, Director</u>	Name and Title: _____
Address: <u>8740 SE Bahama Circle</u> <u>Hobe Sound, FL</u> <u>33455</u>	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: Anne Leavitt

Address:

8740 SE Bahama Circle
Hobe Sound, FL 33455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Anne Leavitt

Address:

8740 SE Bahama Circle
Hobe Sound, FL 33455

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

Anne Leavitt

Required Signature of Registered Agent

5/30/14
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.

Anne Leavitt

Required Signature of Incorporator

5/30/14
Date