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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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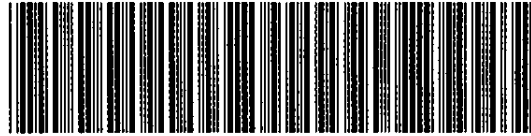
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 11 PM 2:58

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ORIG

COVER LETTER

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

SUBJECT: SUNSET NATURE CONSERVATORY
OF HOLLYWOOD, FLORIDA, 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: KAREN N. Caputo
Name (Printed or typed)

2631 GARFIELD St.
Address

HOLLYWOOD FLORIDA 33020
City, State & Zip

954 520 6116
Daytime Telephone number

DARLINGCLAN @ 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:

SUNSET NATURE CONSERVATORY
OF HOLLYWOOD FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2631 GARFIELD St.
HOLLYWOOD FL 33020

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To promote the enhancement, preservation, protection and sustainability of the environment through community involvement, education and extra-curricular activities, innovation and skill building of K through 12, post secondary, adult and community education, through instructional soundness and creativity, classroom, hands-on training and on-site training through visionary leadership, advocacy and service.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

CHOSEN
BY THE FOUNDING MEMBERS OF THE GROUP.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

NA

NA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Article VIII

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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:

KAREN N. CAPUTO

Address:

2631 GARFIELD ST
HOLLYWOOD FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

KAREN N. CAPUTO

Address:

2631 GARFIELD ST
HOLLYWOOD FL 33020

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

Caputo

Required Signature of Registered Agent

8-8-2014

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.

Caputo

Required Signature of Incorporator

8.8-2014

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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