

N/1400009789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

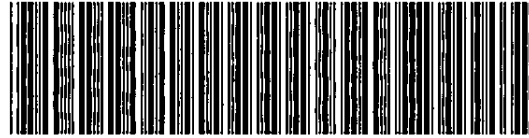
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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: School Bully Control, 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: Thomas H. Killins
Name (Printed or typed)

135 NE Olive Way
Address

Boca Raton, FL 33432
City, State & Zip

702 371 3089
Daytime Telephone number

thkillins@aim.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: School Bully Control, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

135 NE Olive Way
Boca Raton, FL 33432

Mailing address, if different is:

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: operate as a 501(c)(3) to
further The common good and general welfare
of The community to bring about a reduction
in bullying and related physical and/or
verbal abuse.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected
for a one year term at an annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hannelore Barker, Director Name and Title: Eva Hughes, Director

Address: 135 NE Olive Way Address: 136 NE Olive Way
Boca Raton, FL 33432 Boca Raton, FL 33432

Name and Title: Thomas H. Killins, Director Name and Title: Barbara H. Killins, Director
Address: 135 NE Olive Way Address: 2950 NW 5th Avenue, #218
Boca Raton, FL 33432 Boca Raton, FL 33431

Name and Title: _____ Name and Title: _____

Address: _____ 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: Eva Hughes

Address: 136 NE Olive Way
Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas H. Killins

Address: 135 NE Olive Way
Boca Raton, FL 33432

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

Eva Hughes

Required Signature of Registered Agent

10/15/14

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.

Thomas H. Killins

Required Signature of Incorporator

10/15/14

Date