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## Florida Department of State

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## FLORIDA PROFIT/NON PROFIT CORPORATION

Ave Maria Foundation Inc.

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Ave Maria FL 34142

214192068

Ave Maria FL 34142



## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

15 JAN -2 PM 1: 32

ARTICLE I	NAME corporation shall be: Ave Maria Mor	ntessori Fol	undation Inc.	_
ARTICLE II	PRINCIPAL OFFICE	<del></del>	SECRETARY OF STATE TALLAHASSEE, FLORIC	Δ
	Principal <u>street</u> address: Annunciation Circle, # 109		Mailing address, if different is:	
Ave	Maria FL 34142	<del></del>		
ARTICLE III The purpose for to provide	PURPOSE  which the corporation is organized is:  specialized training scholars	provide scl	nolarships and materials to stude	nts
	invironment of the school.			
		<del></del>		
ARTICLE IV		nner in which the	directors are elected and appointed:	<del></del> -
Арроіптеа у	early by the president.	· · · · · · · · · · · · · · · · · · ·		
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title	Maggie Radzik President	Name and Title	Luis(Lucco) Forero	
Address	5068 Annunciation Circle	Address:	5141 DaVinci Way	
	#209		Ave Maria FL 34142	
	Ave Maria FL 34142			
Name and Title	Natia Meehan, Vice President	Name and Title	Katherine Kramer, Treasurer	
Address	10600 Cavalcade St.	Address:	3803 37th. Ave	
Agu ess	Great Falls, VA 22066	right cas.	Cottage City MD 20722	
Name and Title	Caitlin McLaughlin-Raiger	Name and Title	Thomas Hardy	

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15 JAN -2 PM 1:32 Name and Title:\_ Name and Title: SECRETARY OF STATE TALLAHASSEE FLORIDA Address: Address Name and Tide:\_ \_ Name and Title; Address Address: ARTICLE VI REGISTERED AGENT The mame and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: 5068 Annungation Circle # 209 Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: EFFECTIVE DATE 12/29/14 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 famillar with and accept the appointment as registered agent and agree to act in this capacity 12/23/14 Massy No. 20 Required Agent 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 folgay as provided for in s.817.155, F.S. Required Signature of Theorporator