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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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15 JAN 26 PH 2: 54
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT:	WAYPOINT (PROPOSED CORPORA)	FOUNDATION OF THE NAME - MUST INCLU	
	(FRO) OSED CORI ORA	I DINAME - MOST INCLO	DE, NO, ITTA
Enclosed is an origin	nal and one (1) copy of the Art	icles 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: CLARICE M. VENTSCH
Name (Printed or typed)

36 BALLAMA AVE
Address

KEY LARGO FL 33037

City, State & Zip

954-799-6134

Daytime Telephone number

E-mail address No be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

The name of t	the corporation shall be: WAYPOINT	FOUNDATION ING.
ARTICLE I	I PRINCIPAL OFFICE	
_	Principal <u>street</u> address: 36 Bohana OVE	Mailing address, if different is:
	Keylargo, Fl 33037	
ARTICLE I	III PURPOSE for which the corporation is organized is:	IEBRATING HUMAN
		DINT FOUNDATION IS
		NG HUMAN CREATIVITY
		POWERING ENVIRONMENT
	· ·	ON, TEACHING, LEARNING
٠, ٠	COLLABORATION	<u> </u>
1191	GCONDONN TOTO	
ARTICLE I	V MANNED OF ELECTION The manner is	n which the directors are elected and appointed:
	MINATIONS, VOTE	in which the directors are elected and appointed.
	,	
ARTICLE	V INITIAL OFFICERS AND/OR DIRECT	ORS SERETARY
Name and Tit	HE CLARICE MYENTSCH Name	e and Title: JANET W. CAMPBELL
Address	36 BANANA AVE Addr	ress: 30 REYNERS BROOK DR
	KEY LARGO, FL 33087	DOVER, NH 03820
	,	,
Name and Tit	HE: CARDLE MATSUMOTORAME	e and Title:
Address	17 ARNOLD PLACE Addr	
	NEW BEDFORD, MA 02740	
Name and Tit	HE GLENN R. HOOVER Name	e and Title:
Address	12 ROSE LANE Addr	
	KEY LARGO, FL	
	33037	

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Name and Title:_	Name and Title:		
Address	Address:		
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Name and Title:_	Name and Title:		-
Address	Address:		
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_		The state of the s	-
_		·	•
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of the registered	agent is:	
Name:	CEARICE M. YENTSOH		
Address:	36 BAHAMA AVE	ASS	5
	KEY LARGO, FL 33037		
		TO SEE	20 1
ARTICLE VII	INCORPORATOR	m _G	T T
The name and add	dress of the Incorporator is:	FLC	لئن المسا
Name:	CLARICE M. YENTSCH	FLORIDE	വ വ
Address:	36 BAHAMA AVE	">>	
	KEY LARGO, FL 33037		
	ned as registered agent to accept service of process for the abov		designated in this
certificate, I am fa	miliar with and accept the appointment as registered agent and a	gree to act in this capacity	
_ Cla	recell yentech	Jan 22,	2015
	Required Signature of Registered Agent	Date	
I submit this docu to the Department	ment and affirm that the facts stated herein are true. I am aware of State constitutes a third degree felony as provided for in s.817.	that any false information submit .155, F.S.	tted in a document
Con.		() 28	3015
	Required Signature of Incorporator	Date	10/5