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15 FEB 20 PM 12:57

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11:11 AM

COVER LETTER

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

SUBJECT: Lawson Foundation, 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: Adriane R. Peters
Name (Printed or typed)

3767 Evanwood Ct.
Address

Tallahassee, FL 32303
City, State & Zip

(850) 273-2250
Daytime Telephone number

lawsonprep@me.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: Lawson Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3767 Evanwood Ct.
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Lawson Foundation is to support the educational endeavors for students in rural and lower social economic school age children.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The directors will be appointed.

15 FEB 20 PM 12:57

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arthur Lawson, Sr. Name and Title: _____

Address: 2933 Modred Lane Address: _____
Tallahassee, FL 32301

Name and Title: Tamika Sanchez Jones Name and Title: _____

Address: 9615 Mediator Run Address: _____
Converse, TX 78109

Name and Title: Sandra Lawson Name and Title: _____

Address: 41 Central Rd. Address: _____
Midway, FL 32343

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: Adriane R. Peters
Address: 3767 Evanwood Ct.
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Adriane R. Peters
Address: 3767 Evanwood Ct.
Tallahassee, FL 32303

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.

Adriane R. Peters
Required Signature of Registered Agent

2/17/15
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.

Adriane R. Peters
Required Signature of Incorporator

2/17/15
Date