

WIS000001920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

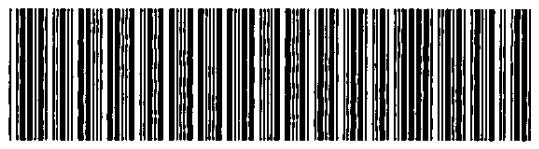
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/15--01008--008 **78.75

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15 FEB 23 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WIS-2093

COVER LETTER

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

SUBJECT: SPECIALIZED EDUCATIONAL EDUCATORS (SEE) FOUNDATION
(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: PETER ADAMS
Name (Printed or typed)

3863 NW 60TH AVE
Address

JENNINGS FL 32053
City, State & Zip

386 938-1248
Daytime Telephone number

ALTERNATE: paneagle7@gmail.com
Smith Adams@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 FEB 2015 PM 12:27
SEC
TALL
STATE
FLORIDA

February 2, 2015

PETER ADAMS
3863 NW 60TH AVE
JENNINGS, FL 32053

SUBJECT: SPECIALIZED EDUCATIONAL EDUCATORS (~~SEE~~) FOUNDATION
Ref. Number: W15000007093

We have received your document for SPECIALIZED EDUCATIONAL EDUCATORS (SEE) FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 115A00001987

Corrected 2/15/2015
BY PETER ADAMS
OF SEE FOUNDATION

www.sunbiz.org

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

ARTICLE I NAME

The name of the corporation shall be: SPECIALIZED EDUCATIONAL EDUCATORS FOUNDATION
INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3863 NW 60TH AVE
JENNINGS, FL 32053

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

WE WORK WITH THE NATURAL ENVIRONMENT THAT SUPPORTS
ALL OF US AND WE SEE THE CHILDREN OF THE WORLD AS
THE FUTURE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

BY AGREEMENT AND INDIVIDUAL ELECTION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER ADAMS Name and Title: PRESIDENT

Address 3863 NW 60TH AVENUE Address: _____
JENNINGS, FL
32053

Name and Title: VALDIS VITOLS Name and Title: VICE-PRESIDENT

Address 14669 BIG BASIN WAY Address: _____
SARATOGA, CA
95070

Name and Title: DUANE HEPPNER Name and Title: DIRECTOR

Address 80 HUNTINGTON ST #469 Address: _____
SARATOGA, CA
95070

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15 FEB 23 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: PETER ADAMS

Address: 3863 NW 60TH AVE
JENNINGS, FL 32053

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PETER ADAMS

Address: 3863 NW 60TH AVE
JENNINGS, FL 32053

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TALLAHASSEE FLORIDA

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

Peter Adams
Required Signature of Registered Agent

1/21/2015
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.

Peter Adams
Required Signature of Incorporator

1/21/2015
Date