

N15000003498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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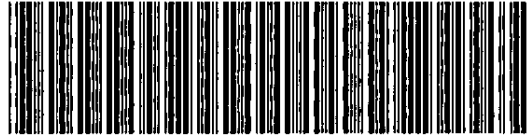
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 MAR 30 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015
4/8/15

COVER LETTER

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

SUBJECT: OUR School Charter, 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: Elizabeth Labbe

Name (Printed or typed)

6825 NW 43rd Place

Address

Gainesville FL 32606

City, State & Zip

352-278-1406

Daytime Telephone number

LLa2be@gmail.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: OUR School Charter, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6825 NW 43rd Place

Gainesville FL 32606

Mailing address, if different is _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide education to students in grades
6 through 12 in Alachua County, with a free, non-profit, public charter school
focusing on project-based learning, social justice, environmental stewardship,
and mindfulness. No part of the net earnings of the corporation shall inure to
the benefit of, or be distributable to its members, trustees, officers, or other
private persons, except that the corporation shall be authorized and
empowered to pay reasonable compensation for services rendered.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
Directors shall be appointed and/or elected annually as stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wendi Bellows

Address: Administrative Director
2919 NW 65th Terr.
Gainesville FL 32606

Name and Title: Leah Fox

Address: Educational Director
2201 NE 7th St.
Gainesville FL 32609

Name and Title: Elizabeth Labbe

Address: Operational Director
6825 NW 43rd Pl.
Gainesville FL 32606

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Elizabeth Labbe

Address: 6825 NW 43rd Pl

Gainesville FL 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elizabeth Labbe

Address: 6825 NW 43rd Pl.

Gainesville FL 32606

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

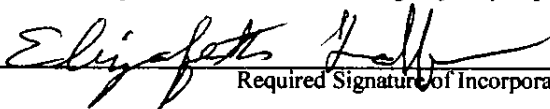


Required Signature of Registered Agent

3/24/15

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.



Required Signature of Incorporator

3/24/15

Date