

NISU000003800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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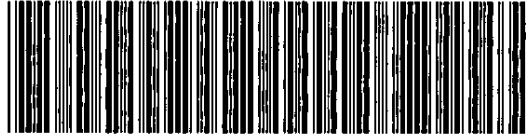
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Launch Pad To Learning 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: Cara S. Clayton
Name (Printed or typed)

300 Pinewild Court
Address

Orlando, FL ~~32832~~ 32828
City, State & Zip

321.277.2011
Daytime Telephone number

cara@launchpadtolearning.org
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: Launch Pad To Learning Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10130 Wittenberg Way
Orlando, FL ~~32828~~ 32832

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide academic tutoring and academic life coaching services to Title I students. Launch Pad To Learning Foundation, Inc. is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

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

As provided for in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cara Clayton - Owner, CEO
Address: 300 Pinewild Court
Orlando, FL 32828

Name and Title: RICHARD F. POOLE - FUNDRAISOR
Address: 3303 EAST CRYSTAL LAKE AVE.
ORLANDO, FL 32806

Name and Title: Kadisha Wickham - Marketing
Address: 5005 City Street, Apt. 1318
Orlando, FL 32839

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

SECRET
TALLAHASSEE, FLORIDA

15 APR 13 PM 1:01

FILED

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: Bill Havre - President
Address: 3030 N. Rocky Point Dr, STE 150A
Tampa, FL 33607

ARTICLE VII INCORPORATOR

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

Name: Cara Clayton
Address: 300 Pinewild Court
Orlando, FL 32828

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

Bill Havre Bill Havre - President
Required Signature of Registered Agent

09 April, 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.

C. J. Clayton
Required Signature of Incorporator

09 April, 2015
Date

FILED
15 APR 13 PM 1:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA