

N15000005735

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DIVISION OF CORPORATIONS

JUN 10 2015

T. SCOTT

COVER LETTER

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

SUBJECT: The Jeanette J Myers Education 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: Renee' Williams
Name (Printed or typed)

5323 Millenia Lakes Blvd
Address

Orlando, FL 32839
City, State & Zip

305-998-2600
Daytime Telephone number

cpa4christ@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)

**FILING CANCELLED
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ARTICLE I NAME

The name of the corporation shall be: The Jeanette J Myers Education Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5323 Millenia Lakes Blvd., Suite 300
Orlando, Fl 32839

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All charitable functions of an exempt organization.
The corporation/organization will provide education and social services

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacqueline Schuler, Director

Address: 220 Young Street
Tallahassee, Fl 32301

Name and Title: Tyrance K. Myers, Director

Address: 5378 Champagne Circle
Orlando, Fl 32808

Name and Title: Eddie Ishman, Director

Address: 5378 Champagne Circle
Orlando, Fl 32808

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRET
TALLAHASSEE, FLORIDA

15 JUN 10 AM 10:57

APPROVED
AND
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: Renee Williams

Address: 5323 Millenia Lakes Blvd
Orlando, Fl 32839

**FILING CANCELLED
RETURNED CHECK**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Renee Williams

Address: 5323 Millenia Lakes Blvd
Orlando, Fl 32830

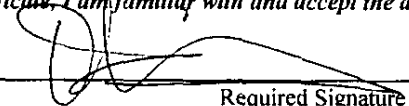
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/10/15

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

6/10/15

Date