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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: The International School of Hard Knocks 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: Floyd Roberts

Name (Printed or typed)

125 126th ave

Address

Treasure Island Fl 33706

City, State & Zip

727-363-4825

Daytime Telephone number

Floyd@InternationalschoolofHardKnocks.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: International School of Hard Knocks Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
125 126th ave Treasure Island Fl 33706

Mailing address, if different is _____

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SECRETARY OF STATE
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to deliver, traditional and non traditional education through a variety of media
and methods. Additionally the school intends to perform educational research, develop educational assesments and assement tools,
and engage in fundraising to support educational endeavors.

The Directors may only be elected and appointed and removed by unanimous vote of the seated board

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Floyd Edward Roberts III Director

Name and Title: Olutayo Akinrefon

Address 125 126th ave
Treasure Island Fl 33706

Address: 6325 Magnolia Trails lane
Gibsonton Fl 33534

Name and Title: Michael Arthur Eaton Director

Name and Title: _____

Address 5770 80th ave
Pinellas Park Fl 33781

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Floyd E Roberts III

Address: 125 126th ave
Treasure Island Fl 33706

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Floyd E Roberts III

Address: 125 126th ave
Treasure Island Fl 33706

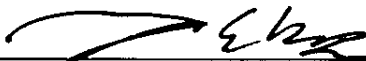
ARTICLE VIII EFFECTIVE DATE:

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

06/05/2005

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

06/05/2015

Date