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COVER LETTER

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

SUBJECT:		S HOUSE				
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)			
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :						
\$70.00	\$78.75	\$ 78.75	\$87.50			
Filing Fee	Filing Fee & Certificate of	Filing Fee & Certified Copy	Filing Fee, Certified Copy			
	Status	a commed copy	& Certificate			
		ADDITIONAL CO	PY REQUIRED			
FROM: Roberta VIDAL						
FROM:	Name	(Printed or typed)	•			
508 N. Glen						
Address						
	Tampa,	FL 33609	7			
	C	ity, State & Zip	•			
	813 · 601					
	Daytim	e Telephone number				

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

<u>robertag vidal @ dol. com</u> E-mail address: (to be used for future annual report notification)



May 29, 2015

ROBERTA VIDAL 508 N. GLEN TAMPA, FL 33609

SUBJECT: GLORIA'S HOUSE Ref. Number: W15000037984

We have received your document for GLORIA'S HOUSE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The "Effective Date" will need to be changed.

Please return the corrected original and one copy of 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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 015A00011314

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

The name of the corporation shall be:	loria's	House 1	NC.
ARTICLE II PRINCIPAL OFFICE			هست دران
Principal <u>street</u> address: 508 N. Glen		Mailing address, if differ	ent is:
tampa, FL	33609		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Llouis H	souse serv	es es
to foster creativity i	_	/\	we w
confidence in learn	ing that	t goes le	erond the
Achool day for un	delserved	ge ander	represented
fifth a set guad	ers with	limited	<i></i>
appointed by president	. //	are elected and appointed:	
ARTICLE Y INITIAL OFFICERS AND/OR DIREC	TORS		,
Name and Title: Roberta Vidal pr	S Name and Title:	Lisa Seme	yn/VP
	Address:	- · · ·	<u>Melros</u> e Aue N
Tampa, FL 3360	<u>9</u> <u>14</u>	impa, FL 3:	3627
Name and Title: Linda Cullerton/Sec	Name and Title:	barrett Garcia	1 treasurer
Address 3649 N. Bosworth		3301 W. Le	1 -
Chicago, Il 60613		Tampa, FL	
Name and Title:	Name and Title:		
Address			
Addition	Addicss	······································	,,
			

Name and Title:	Name and Title:	
Address	Address:	
		
	200 - 1.	
Name and Title:	Name and Title:	
Address	Address:	

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box No.	OT acceptable) of the registered agent is:	
Name: Roberta V	idal	
Address: 508 N.	Glen Av.	
tampa,_	FL 33609	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Name: Roberta		
	. Glen AV.	
Tampa,	FL 33609	
ARTICLE VIII EFFECTIVE DATE:	25-2015 (OPTIONAL)	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be spafter the filing.)	ecific and cannot be more than five business days prior or 90 business days	
Note: If the date inserted in this block does not me document's effective date on the Department of Sta	eet the applicable statutory filing requirements, this date will not be listed as the ate's records.	
	t service of process for the above stated corporation at the place designated in th Intment as registered agent and agree to act in this capacity	iis
Holyta Mida 01	5-22-15	
Required Signature of Re	egistered Agent Date	
I submit this document and affirm that the facts state to the Department of State constitutes a third degree	ated herein are true. I am aware that any false information submitted in a docume	nt
Holysto Milital	5-22-15	
Required Signature	of Incorporator Date	
V		