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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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W15 - 35350

11/16/15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2015

PATRICIA HAUSER  
6916 HARNEY ROAD  
TAMPA, FL 33617

SUBJECT: PHDT INTERNATIONAL CHRISTIAN LEARNING CENTER, INC.  
Ref. Number: W15000035350

We have received your document for PHDT INTERNATIONAL CHRISTIAN LEARNING CENTER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P12000097333 (PHDT INTERNATIONAL CHRISTIAN LEARNING CENTER, INC.).

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 415A00010473

## COVER LETTER

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

**SUBJECT:** PHDT INTERNATIONAL CHRISTIAN LEARNING CENTER, 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:** DR. PATRICIA HAUER  
\_\_\_\_\_  
Name (Printed or typed)

6916 HARNEY ROAD  
\_\_\_\_\_  
Address

TAMPA, FL 33617  
\_\_\_\_\_  
City, State & Zip

813-927-8711  
\_\_\_\_\_  
Daytime Telephone number

TRICIAHAUSER@AOL.COM OR PHDT2012@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: PHDT INTERNATIONAL CHRISTIAN LEARNING CENTER, INC.

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
6916 HARNEY ROAD

TAMPA, FL 33617

Mailing address, if different is:  
SAME AS PRINCIPAL ADDRESS

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### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Said organization is organized exclusively for charitable, religious, education, and scientific purposes,

including, for such purposes, the making of distributions to organizations that qualify as exempt

organizations under 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

### **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: By Chairman and

Majority Board of Directors

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Patricia Hauser- President /C

Address: 1043 Andrews Aviles Circle  
Tampa, FL 33619

Name and Title: Denise J Sherrod- Secretary

Address: 1414 Senca Avenue  
Tampa, FL 33612

Name and Title: Gloria Beck- Treasurer

Address: 10534 Shaw Road  
Tampa, FL 33625

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: Dr. Patricia Hauser  
Address: 6916 Harney Road  
Tampa, FL 33617

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Patricia Hauser  
Address: 6916 Harney Road  
Tampa, FL 33617

**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*

Patricia Hauser  
Required Signature of Registered Agent

04/22/2015  
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.*

Patricia Hauser  
Required Signature of Incorporator

04/22/2015  
Date

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