

N160000000841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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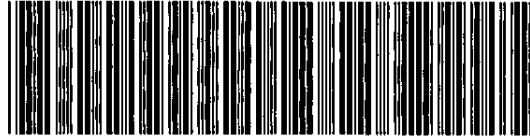
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2016

D CUSHING

COVER LETTER

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

SUBJECT: CENTRAL FLORIDA INSTITUTE OF TECHNOLOGY, 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: Colin Harris
Name (Printed or typed)
2108 Great Falls Way
Address
Orlando, FL 32824
City, State & Zip
(850) 240-1960
Daytime Telephone number

info@cfltech.org

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

To Whom It May Concern:

I have submitted an electronic must Articles of Dissolution to dissolve my Limited Liability Company. I have no intentions to revoke the dissolution of the Central Florida Institute of Technology, LLC (L05000005496) and I am releasing the name for use.

Thank you,

A handwritten signature in black ink, appearing to read "Colin Harris", is written over a horizontal line.

Colin A. Harris

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

ARTICLE I NAME CENTRAL FLORIDA INSTITUTE OF TECHNOLOGY, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1 Purlieu Place
Suite 131
Winter Park, FL 32792

Mailing address, if different is:
2108 Great Falls Way
Orlando, FL 32824

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide educational programs and/or to establish and operate an educational institution at the post-secondary level. To foster and promote the growth, progress, and general welfare of Central Florida Institute of Technology (hereinafter referred to as the "Institute). To provide aid in the form of money, personnel, and other forms of property and services for the strengthening, development, and enlargement of the Institute and its programs now in existence or hereafter created. To provide educational loans, scholarships, or grants in aid for students of the institution.

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:	Colin Harris	Name and Title:	Robert Shepherd
Address	Chief Administrative Officer	Address:	President of the Educational Institution
	2108 Great Falls Way		2336 Crystal Cove Lane
	Orlando, FL 32824		Miramar Beach, FL 32550
Name and Title:	Marlon Lyles	Name and Title:	
Address	Vice President	Address:	
	516 Townsend Bend		
	Stockbridge, GA 30281		
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: Colin Harris

Address: 2108 Great Falls Way
Orlando, FL 32824

ARTICLE VII INCORPORATOR

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

Name: Colin Harris

Address: 2108 Great Falls Way
Orlando, FL 32824

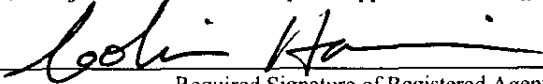
ARTICLE VIII EFFECTIVE DATE:

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

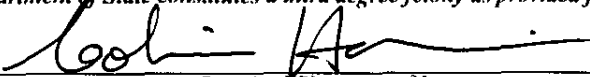


Required Signature of Registered Agent

01/12/2016

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

01/12/2016

Date

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TALLAHASSEE, FLORIDA