

N16000001600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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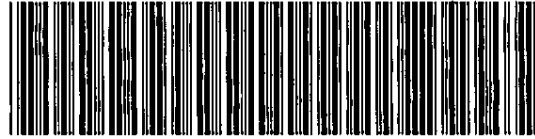
(Business Entity Name)

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FILED
16 FEB -5 PM 12:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

At Gulligan FEB 17 2016

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

SUBJECT: THE CICA~~DA~~ INSTITUTE, 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: SYLVIE FANOUS-SAMAAN
Name (Printed or typed)

14602 OAK VINE DR.
Address

LUTZ FL 33559
City, State & Zip

813 735 0613
Daytime Telephone number

sylviefanousamaan@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: THE CICADA INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

14602 OAK VINE DR.

LUTZ FL 33559

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide education and experiential learning to teens.

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TALLAHASSEE FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

by annual ballot.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRENDA KELLEHER / PRES. Name and Title: _____

Address: 14602 OAK VINE DR. Address: _____

LUTZ FL 33559

Name and Title: SYLVIE FANOUS-SAMAAN. Name and Title: _____

TREASURER

Address: _____ Address: _____

14602 OAK VINE DR.

LUTZ FL 33559

Name and Title: ERIC SILVA Name and Title: _____

SECRETARY

Address: _____ Address: _____

14602 OAK VINE DR.

LUTZ FL 33559

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: SYLVIE FANOUS-SAMAAH
 Address: 14602 OAK VINE DR.
LUTZ FL 33559

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRENDA KELLEHER
 Address: 14602 OAK VINE DR.
LUTZ FL 33559

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 TALLAHASSEE FLORIDA

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

Sylvie Fanous-Samaah 1/1/16
 Required Signature of Registered Agent 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.

[Signature] 1/1/16
 Required Signature of Incorporator Date