

N16000003024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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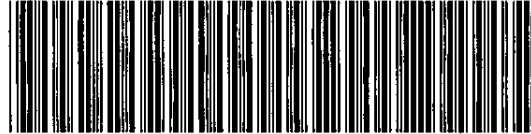
(Business Entity Name)

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*Wm*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2016

DEBRA SUMNER  
P.O. BOX 1534  
BROOKSVILLE, FL 34605

SUBJECT: HUMPTY DUMPTY KID COLLEGE K12, INCORPORATED  
Ref. Number: W16000046947

We have received your document for HUMPTY DUMPTY KID COLLEGE K12, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the complete principle address. It appears that it is incomplete.

Please return 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 016A00014062

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## COVER LETTER

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

**SUBJECT:** HUMPTY DUMPTY KID COLLEGE K12, INCORPORATED

**(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:** DEBRA SUMNER

\_\_\_\_\_  
Name (Printed or typed)

POB 1534

\_\_\_\_\_  
Address

BROOKSVILLE FL 34605

\_\_\_\_\_  
City, State & Zip

8136134117

\_\_\_\_\_  
Daytime Telephone number

GOVEN2003@HOTMAIL.COM

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

**ARTICLE I NAME**

The name of the corporation shall be: HUMPTY DUMPTY KID COLLEGE K12, INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1211 WISHING WELL WAY ANNEX 1

TAMPA FLORIDA 33619

Mailing address, if different is:

POB 1534

BROOKSVILLE FLORIDA 34605

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE TEACHING, LEARNING CONSULTING FOR K TO 12

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**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: BY LAWS

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

Name and Title: DEBRA SUMNER, CEO

Address: POB 1534  
BROOKSVILLE FLORIDA 34605

Name and Title: BRANDI DUTCHAK, VP

Address: POB 12353  
BROOKSVILLE FL 34603

Name and Title: MILDRED BOWEN, SEC

Address: 41 LEMON  
TAMPA FLA 33619

Name and Title: BRIAN KEARNEY, BRD MEMBER

Address: 20085 WILDWOOD DRIVE  
BROOKSVILLE FL 34601

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DEBRA SUMNER  
Address: 7011 Tom Lane <sup>no</sup> mailbox  
BROOKSVILLE FL 34602

mailing address

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DEBRA SUMNER  
Address: POB 1534 Annex (2) 1211 Wishing Well Way  
BROOKSVILLE FL 34605 Tampa Fla. 33619

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/13/2016 (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

6/20/16  
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

6/20/16  
Date