

N1600008218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

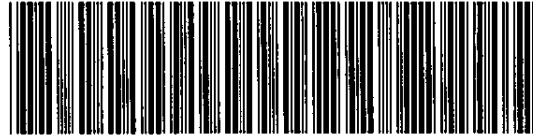
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 AUG 15 PM 1:43  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

me 8/22/16

## COVER LETTER

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

SUBJECT: Area 3 Foundation, Inc

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Area 3 Foundation, Inc  
Name (printed or typed)

2426 Peel Avenue  
Address

Orlando, FL 32806  
City, State & Zip

407-489-6604  
Daytime Telephone Number

rafael@area3foundation.org  
E-mail address: (to be used for future annual report notification)

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NOT FOR PROFIT  
 CERTIFICATE OF DOMESTICATION

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

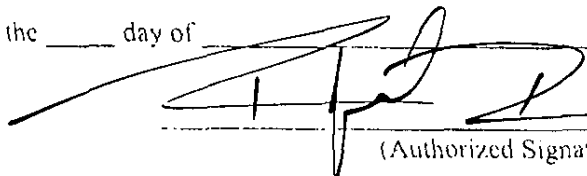
The undersigned, Rafael Rivera, Director  
 (Name) (Title)  
 of Area 3 Foundation Inc a foreign Corporation  
 (Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was April 3, 2012
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Pennsylvania
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Area 3 Foundation
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is Area 3 Foundation Inc
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Pennsylvania
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Director, of Area 3 Foundation, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the \_\_\_\_\_ day of \_\_\_\_\_,

  
 (Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Area 3 Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address shall be:

Principal Address

Mailing Address

2426 Peel Avenue  
Orlando, FL 32806

2426 Peel Avenue  
Orlando, FL 32806

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized:

The Corporation is organized for exclusively religious, charitable, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding provision of any future United States Internal Revenue Law, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under said Section 501(c)(3) of the Internal Revenue Code of 1986. Specifically, the Corporation will provide scholarships to students to pursue higher education as well as benevolent assistance to individuals in crisis.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The officers of the Corporation to be elected by Board of Directors shall be elected annually by the Board of Directors at the first meeting of the Board of Directors as stated by the bylaws. If the election of officers shall not be held at such meeting, such election shall be held as soon thereafter as conveniently may be. Each officer shall hold office until his successor shall have been duly elected and shall have qualified, or until his death or until he shall resign or shall have been removed in the manner hereinafter provided.

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

The name(s) and address(es) and specific title(s):

Title/Name

Title/Name

Pil McNiff /President Alicia Boyle/Director

Title/Name

Title/Name

Judy Glessman/Director

Title/Name

Title/Name

Rafael Rivera/Director

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Kathryn Lian  
561 Fieldcrest Drive  
The Villages, FL 32162

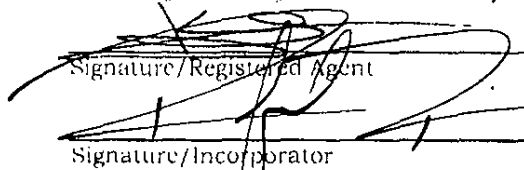
**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

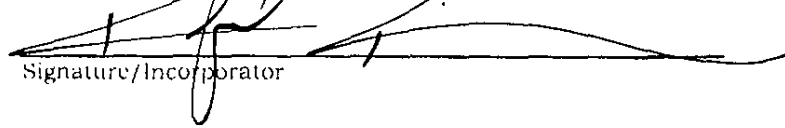
Rafael Rivera  
2426 Peel Avenue  
Orlando FL 32806

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Having been named as registered agent and 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.

  
Signature/Registered Agent

6/27/16  
Date

  
Signature/Incorporator

6.27.16  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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