

N/6000011924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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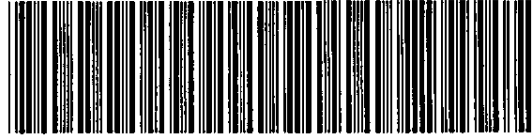
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: old school FL 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: Daniel Hart
Name (Printed or typed)

50 Bob Miller Rd
Address

Crawfordville fl 32327
City, State & Zip

850 408 1268
Daytime Telephone number

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

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

SECRET

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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: Old School FL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2388 Bloxham cutoff Rd 50 Bob Miller Rd
Crawfordville FL 32327 Crawfordville FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transitional housing, ~~educational~~
educational and employment enrichment for U.S. Veterans

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: elected at
annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Teff Baisel</u> <u>Director</u>	Name and Title:	<u>Kael Baisel</u> <u>Director</u>
Address:	<u>376 white oak dr</u> <u>Crawfordville FL 32327</u>	Address:	<u>376 white oak dr</u> <u>Crawfordville FL 32327</u>

Name and Title:	<u>Daniel Hart</u> <u>Director</u>	Name and Title:	<u>Sharon Reed</u> <u>Director</u>
Address:	<u>50 Bob Miller Rd</u> <u>Crawfordville FL 32327</u>	Address:	<u>50 Bob Miller Rd</u> <u>Crawfordville FL 32327</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECRET
DUPLICATE
ORDERS

16 DEC 15 AM 9:05

APPROVAL
STAMP

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: Daniel Hart

Address: 50 Bob Miller Rd
Crawfordsville IN 47927

ARTICLE VII INCORPORATOR

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

Name: Daniel Hart

Address: 50 Bob Miller Rd
Crawfordsville IN 47927

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

Daniel Hart

Required Signature of Registered Agent

12-15-16

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.

Daniel Hart

Required Signature of Incorporator

12-15-16

Date