

N17000000382

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17 JAN 12 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH
JAN 12 2017

COVER LETTER

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

SUBJECT: SSHS Partners, 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: Barry Hartin
Name (Printed or typed)

243 Office Plaza Drive
Address

Tallahassee, FL 32301
City, State & Zip

850-222-0020
Daytime Telephone number

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

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

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

ARTICLE I NAME

The name of the corporation shall be: SSHS Partners, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

243 Office Plaza Drive
Tallahassee, FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Corporation is organized exclusively for
charitable and educational purposes, including the making of
distributions to organizations that qualify as exempt under
section 501(c)(3) of the IRS code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors
are appointed by founder.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barry Hartin - President Name and Title: _____

Address: 243 Office Plaza Drive Address: _____
Tallahassee, FL 32301

Name and Title: Steven Tiefert - Treasurer Name and Title: _____

Address: 420 N Adams St #502 Address: _____
Tallahassee, FL 32301

Name and Title: Christina Gloyd - Secretary Name and Title: _____

Address: 4983 Pimlico Drive Address: _____
Tallahassee, FL 32309

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JAN 12 PM 4:31

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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: Barry Hartin

Address: 243 office Plaza Drive

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barry Hartin

Address: 243 office Plaza Drive

Tallahassee, FL 32301

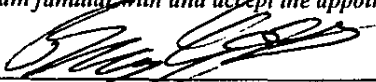
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

1-12-17

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

1-12-17

Date