

N17000008161

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COVER LETTER

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

SUBJECT: IT4Nonprofit 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: Brynne Rorke{Yippiekiyay Nonprofit Solutions
Name (Printed or typed)

6295 Greenwood Plaza Blvd

Address

Greenwood Village, CO 80111

City, State & Zip

303-747-4793

Daytime Telephone number

matt@slaga.net

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

IT4Nonprofit Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14226 Crystal Cove Dr S

Mailing address, if different is:

Jacksonville, FL 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Helping other nonprofits achieve their goals through IT support. See attached.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As provided for in bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matt Slaga- President

Address: 14226 Crystal Cove Dr S

Jacksonville, FL 32224

Name and Title: _____

Address: _____

Name and Title: Ken Watson- Treasurer

Address: 14226 Crystal Cove Dr S

Jacksonville, FL 32224

Name and Title: _____

Address: _____

Name and Title: Brian Duda- Secretary

Address: 14226 Crystal Cove Dr S

Jacksonville, FL 32224

Name and Title: _____

Address: _____

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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: Matt Slaga
Address: 14226 Crystal Cove Dr S
Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matt Slaga
Address: 14226 Crystal Cove Dr S
Jacksonville, FL 32224

17 AUG - 7 PM '17

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

Matt Slaga

08/01/2017

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.

Matt Slaga

08/01/2017

Required Signature of Incorporator

Date

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

Dissolution Clause:

" Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."