

N170000

10258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

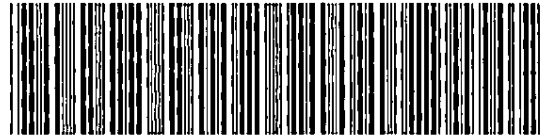
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ATLANTA, GA
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

OCT 11 2017
K. Brumbley

COVER LETTER

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

SUBJECT: Ladakhi Children's Schooling Project 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

Enclosed

ADDITIONAL COPY REQUIRED

FROM: John C. Miller
Name (Printed or typed)

2619 Somerville Loop #401
Address

Cape Coral, FL 33991-3081
City, State & Zip

720-391-5790
Daytime Telephone number

mi1lenjc000@msn.com
E-mail address: (to be used for future annual report notification)

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

Original
LCSP I

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

ARTICLE I NAME

The name of the corporation shall be: Ladakh Children's Schooling Project Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2619 Somerville Loop #401
Cape Coral, FL 33991-3081

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable,
scientific and educational purpose, specifically to
provide funding (tuition, fees, expenses) for rural Ladakh
(India) children to continue their schooling/education

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

According to by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert E Bixler President Name and Title: _____

Address: 2619 Somerville Loop #401 Address: _____

Cape Coral FL
33991-3081

Name and Title: William Mend Vice President Name and Title: _____

Address: 2950 Bonne Vista Drive Address: _____

Colo. Springs CO 80906

Name and Title: John C. Miller Treasurer Name and Title: _____

Address: 2619 Somerville Loop #401 Address: _____

Cape Coral FL
33991-3081

Original - 2
LCSP E

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: John C. Miller
Address: 2619 Sonenville Loop #401
Cape Coral, FL 33991-3081

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John C. Miller
Address: 2619 Sonenville Loop #401
Cape Coral, FL 33991-3081

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2018 (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

John C. Miller
Required Signature of Registered Agent

10/4/17
Date

submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John C. Miller
Required Signature of Incorporator

10/4/17
Date