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COVER LETTER

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

THE CENTER FOR ALTERNATIVE LEARNING STYLES INC SUBJECT:

(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 S78.75 Filing Fee & Certificate of Status S78.75 Filing Fee & Certified Copy

S87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

RHONDA LONGHORN

Name (Printed or typed)

969 S FEDERAL HWY SUITE 400

Address

STUART, FL 34994

City, State & Zip

772-220-7658

Daytime Telephone number

RHOJO@BELLSOUTH.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

OF

THE CENTER FOR ALTERNATIVE LEARNING STYLES INC

The Undersigned. acting as incorporator of a nonprofit corporation under the Florida Nonprofit Corporation. Act. adopts the following Articles of Incorporation, pursuant to Florida Statutes, Section 617, as shown below:

ARTICLE I, NAME

The name of the nonprofit Corporation shall be as follows:

THE CENTER FOR ALTERNATIVE LEARNING STYLES INC

ARTICLE II, PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall be:

Physical & Mailing Address Are the Same: 10 Central Parkway Suite 230 Stuart, FL 34994



ARTICLE III, PURPOSE

The Center for Alternative Learning Styles Inc. is organized exclusively for charitable and educational purposes. It will provide the community with an educational center for young children with developmental disabilities that offers therapeutic support necessary for learning success, within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provisions of any future United States Internal Revenue Law.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, or other private persons, except that the corporations shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes stated above. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 or corresponding sections of any prior or future Internal Revenue Code, or to the Federal, State, or local government for exclusive public purposes.

ARTICLE IV, MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As noted in the by-laws

ARTICLE V, INITIAL DIRECTORS/OFFICERS The name and addresses are as follows:

Joanne M Murphy 2120 SE Herron Ave Port St Lucie, FL 34952 President/Secretary

Robert Murphy 2120 SE Herron Ave Port St Lucie, FL 34952

Vice President

Treasurer **Riane Grady** 2476 NW South Manor Ave Stuart, FL 34994

ARTICLE VI. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Rhonda J Longhorn 969 S Federal Hwy Suite 400 Stuart, FL 34994

ARTICLE VII, INCORPORATOR

The name and street address of the Incorporator is:

Rhonda Longhorn 969 S Federal Hwy Suite 400 Stuart, FL 34994

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

egistured Agent Rhonda Longhorn Date Orporator Rhonda Longhorn Date Date Signature

Signature of