N19000001886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 629920 8263873

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 70.00

ORDER DATE : February 12, 2019

ORDER TIME : 2:50 PM

ORDER NO. : 629920-001

CUSTOMER NO: 8263873

DOMESTIC FILING

NAME: THE HOMESCHOOL ACADEMY INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: THE HOMESCHOOL ACADEMY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
30 Log Cabin Rd
Lake Placid, FL 33852

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To offer a facility that will allow homeschool families to come together in cooperation in order to provide the very best education for our children.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
Appointed by the President, Nicole Clements.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole Clements, Director
Address: 30 Log Cabin Rd
Lake Placid, FL 33852

Name and Title:
Address:

Name and Title: Corinne Cardena, Treasurer
Address: 30 log cabin Rd
Lake placid, FL 33852

Name and Title:
Address:

Name and Title: Tessa Shoemaker, Secretary
Address: 30 Log cabin Rd
Lake Placid, FL 33852

Name and Title:
Address:

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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: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicole Clements

Address: 30 Log Cabin Rd

Lake Placid, FL 33852

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

Corporation Service Company

By: _____ Roxanne Turner Asst. Vice President 8/21/19

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.

_____ 2.14.2019

Required Signature of Incorporator Date

Nicole Clements, Director

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA