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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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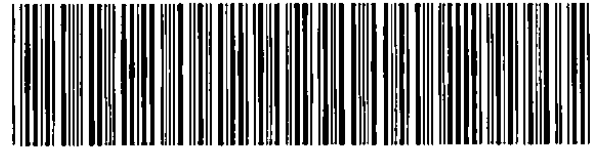
(Business Entity Name)

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19 FEB 15 AM 9:25

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T SCHROEDER

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

ACCOUNT NO. : I20000000195

REFERENCE : 629920 8263873

AUTHORIZATION :

*Spivey*

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

Mailing address, if different is:

Lake Placid, FL 33852

**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

Name and Title: \_\_\_\_\_

Address: 30 Log Cabin Rd

Address: \_\_\_\_\_

Lake Placid, FL 33852

Name and Title: Corinne Cardena, Treasurer

Name and Title: \_\_\_\_\_

Address: 30 log cabin Rd

Address: \_\_\_\_\_

Lake placid, FL 33852

Name and Title: Tessa Shoemaker, Secretary

Name and Title: \_\_\_\_\_

Address: 30 Log cabin Rd

Address: \_\_\_\_\_

Lake Placid, FL 33852

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 FEB 15 AM 9:25

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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: 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*

By: Roxanne Turner Roxanne Turner  
Corporation Service Company Asst. Vice President  
Required Signature of Registered Agent

01/21/19  
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.*

Nicole Clements  
Required Signature of Incorporator

2.14.2019  
Date

Nicole Clements, Director

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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