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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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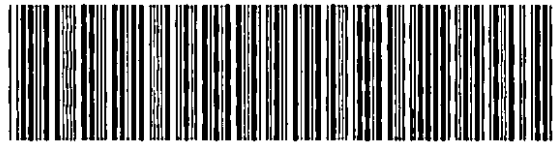
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 01 2019

K. Brumbley

## COVER LETTER

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

SUBJECT: UU Wellspring 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: Linnea Nelson  
Name (Printed or typed)

8848 Grey Hawk Point  
Address

Orlando, FL 32836  
City, State & Zip

703-599-0877  
Daytime Telephone number

uuwellspring.org  
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**

The name of the corporation shall be: UU Wellspring Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
8848 Grey Hawk Point

Orlando, FL 32836

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: UU Wellspring is a religious education organization providing  
spiritual growth and development for Unitarian Universalist congregations and individuals.

If organization is disbanded, assets will be donated to Unitarian Universalist churches, related organizations, and/or  
social justice causes.

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

AS stated in the Bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sarah Lenzi, Vice Chair

Address: 531 Main St., Apt. 1318  
New York, NY 10044

Name and Title: Kimberly Debus, Chair

Address: PO Box 203  
Round Lake, NY 12151

Name and Title: Jessica Hermann de la Fuente, BM

Address: 3910 North Williamston Rd  
Williamston MI 48895

Name and Title: Elizabeth Irikura, BM

Address: 18919 Impulse Lane  
Gaithersburg, MD 20879

Name and Title: Christian Schmidt, Treasurer

Address: 1 Lawson Road  
Kensington CA 94707

Name and Title: Linnea Nelson - ED

Address: 8848 Grey Hawk Point  
Orlando, FL 32836

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Linnea Nelson

Address: 8848 Grey Hawk Point

Orlando, FL 32836

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Linnea Nelson

Address: 8848 Grey Hawk Point

Orlando, FL 32836

**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*

C. Linnea Nelson

Required Signature of Registered Agent

2.18.19

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.*

C. Linnea Nelson

Required Signature of Incorporator

2.18.19

Date