

19 MAR 29 AM 9:57

## COVER LETTER

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

**SUBJECT:** IMPACT, Advocating for Children Today, 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:** Melissa Derrick  
\_\_\_\_\_  
Name (Printed or typed)

201 Simone Way  
\_\_\_\_\_  
Address

St. Augustine FL 32086  
\_\_\_\_\_  
City, State & Zip

904-829-1770 ext 314  
\_\_\_\_\_  
Daytime Telephone number

melissad@sayskids.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: IMPACT, Advocating for Children Today, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address: 1400 OLD DIXIE HIGHWAY  
ST. AUGUSTINE, FL 32084

Mailing address, if different is:

### ARTICLE III PURPOSE

To identify the needs, resources and partnerships to improve the lives of St. Johns County children and their families by advocating for a safe, healthy and nurturing environment.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed shall be as set forth in the by-laws of this corporation.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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CLERK OF CIRCUIT COURT  
ST. JOHNS COUNTY, FLORIDA

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

**PATRICIA GREENOUGH**  
**1400 OLD DIXIE HIGHWAY**  
**ST. AUGUSTINE, FL 32084**

**ARTICLE VI INCORPORATOR**

The **name and address** of each Incorporator is:

Patricia Greenough  
1400 Old Dixie Highway  
St. Augustine, FL 32084

Schuyler Siefker  
201 Simone Way  
St. Augustine, FL 32086

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ARTICLE VII EFFECTIVE DATE:

The effective date shall be the date of filing of these Articles of Incorporation with the Florida Department of State.

*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*

Patricia Greenough  
Required Signature of Registered Agent

3/21/19  
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.*

Patricia Greenough  
Required Signature of Incorporator  
Patricia Greenough

3/21/19  
Date

Schuyler Siefker  
Required Signature of Incorporator  
Schuyler Siefker

3-21-19  
Date

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CLERK OF THE CIRCUIT COURT