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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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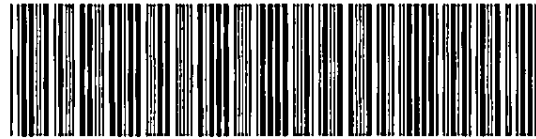
(Business Entity Name)

(Document Number)

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OCT 10 2019

COVER LETTER

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

SUBJECT: The Lighthouse Fund 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: Nouvelle Gonzalo

Name (Printed or typed)

4111 NW 16th Blvd., 357834

Address

Gainesville, FL

City, State & Zip

(216) 527-7777

Daytime Telephone number

ngonzalo@gonzalolaw.com

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: The Lighthouse Fund Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2301 Tigertail Avenue

Miami, FL 33133-0000

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Lighthouse Fund aids literacy programs to ease the transition of culture and language of non-English speaking immigrants in Florida by providing resources to promote English as a second language, childhood learning, and community integration.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zdravka Nikolovska-Copeland: Chair

Address: 2301 Tigertail Avenue

Miami, FL 33133-0000

Name and Title: Kris Copeland: Treasurer

Address: 2301 Tigertail Avenue

Miami, FL 33133-0000

Name and Title: Genevieve Rossin: Secretary

Address: 2301 Tigertail Avenue

Miami, FL 33133-0000

Name and Title: Kathy Heshelow: Board Member

Address: 2301 Tigertail Avenue

Miami, FL 33133-0000

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Zdravka Nikolovska-Copeland

Address: 2301 Tigertail Avenue

Miami, FL 33133-0000

ARTICLE VII INCORPORATOR

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

Name: Zdravka Nikolovska-Copeland

Address: 2301 Tigertail Avenue

Miami, FL 33133-0000

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/01/2019, (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

Zdravka Copeland
Required Signature of Registered Agent (Atty Auth. Sig.)

9/20/19
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.

Zdravka Copeland
Required Signature of Incorporator (Atty Auth. Sig.)

9/20/19
Date