

N19000012939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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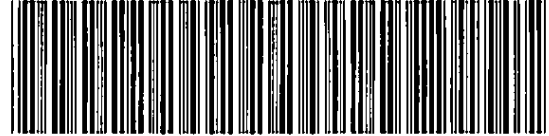
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

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

SUBJECT: Summerlin Military Academy CPT Council Foundation, 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: Jeff Fassett
Name (Printed or typed)

1500 South Jackson Avenue

Address

Bartow, Florida 33830-6405

City, State & Zip

(863)519-7504

Daytime Telephone number

jfassett98@yahoo.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: Summerlin Military Academy CPT Council Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1500 South Jackson Avenue

Bartow, Florida 33830-6405

Mailing address, if different is:

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CLERK OF
CITY OF BARTOW
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To serve as support for Summerlin Academy in motivating youth to become better citizens by promoting a global perspective of academic achievement, personal accountability, civic responsibility, and leadership skills in order to excel in higher education, career, community, and life for years to come.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated in By-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeff Fassett, President

Address: 1500 South Jackson Avenue
Bartow, Florida 33830-6405

Name and Title: Vicky Jenkins, Vice President 1

Address: 1500 South Jackson Avenue
Bartow, Florida 33830-6405

Name and Title: Amanda Salm, Vice President 2

Address: 1500 South Jackson Avenue
Bartow, Florida 33830-6405

Name and Title: Laquita Looney, Executive Secretary

Address: 1500 South Jackson Avenue
Bartow, Florida 33830-6405

Name and Title: Eve Gillooley, Secretary

Address: 1500 South Jackson Avenue
Bartow, Florida 33830-6405

Name and Title: Jennifer Hartsaw, Co-Treasurer

Address: 1500 South Jackson Avenue
Bartow, Florida 33830-6405

Name and Title: Eddie Hartsaw, Co-Treasurer

Address: 1500 South Jackson Avenue
Bartow, Florida 33830-6405

Name and Title: Kimberly Crandall, Staff Representative

Address: 1500 South Jackson Avenue
Bartow, Florida 33830-6405

Name and Title: Dr. Cynthia Downing, Commandant

Address: 1500 South Jackson Avenue
Bartow, Florida 33830-6405

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Laquita Looney

Address: 1500 South Jackson Avenue

Bartow, Florida 33830-6405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laquita Looney

Address: 1500 South Jackson Avenue

Bartow, Florida 33830-6405

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/20/19 (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:

Laquita Looney

Required Signature of Registered Agent

12/20/19

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.

Laquita Looney

Required Signature of Incorporator

12/20/19

Date

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SHERIFF OF
TALLAHASSEE COUNTY