

N20000002525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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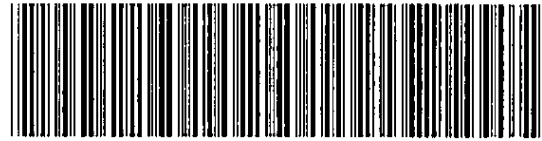
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SR - 2 2020

Assembly

COVER LETTER

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

SUBJECT: Vo Family 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: Lauren Thornton

Name (Printed or typed)

3225 McLeod Drive, Suite 100

Address

Las Vegas, Nevada 89121

City, State & Zip

800-706-4741

Daytime Telephone number

ra@andersonadvisors.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Vo Family Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3225 McLeod Drive, Suite 100

Las Vegas, Nevada 89121, US

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To support special needs students in their pursuit to becoming productive adults through math, science and fine arts.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PSTD - Phuong Ly Name and Title: _____

Address 3225 McLeod Drive, Suite 100 Address: _____
Las Vegas, Nevada 89121, US

Name and Title: VD - Phuc Vo Name and Title: _____

Address 3225 McLeod Drive, Suite 100 Address: _____
Las Vegas, Nevada 89121, US

Name and Title: D - Kim-Anh Vo Name and Title: _____

Address 3225 McLeod Drive, Suite 100 Address: _____
Las Vegas, Nevada 89121, US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Anderson Registered Agents, Inc.

Address: 12001 Research Parkway, Suite 236-K
Orlando, Florida 32826

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lauren Thornton

Address: 3225 McLeod Drive, Suite 100
Las Vegas, Nevada 89121

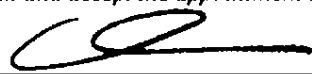
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature of Registered Agent

12/26/19

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.



Required Signature of Incorporator

12/26/19

Date