

N200000003500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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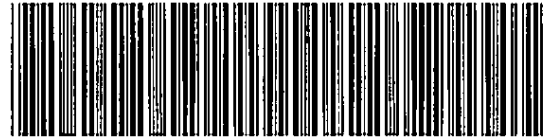
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Disabled In Action, Incorporation

(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: Pauline Gwen Livatt

Name (Printed or typed)

285 Uptown Blvd. Apt 513

Address

Altamonte Springs, Florida 32701

City, State & Zip

305 389-1280

Daytime Telephone number

disabledinactionorlando@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2020 MAR 16 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

ARTICLE I NAME

The name of the corporation shall be: Disabled In Action Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
285 Uptown Blvd, Apt. 513

Altamonte Springs, Florida 32701

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Developing Self Esteem for An Inclusive Environment;

To Provide Activities for Special Needs Students, To assist students with acquired and birth disabilities in identifying and
enhancing their individual self-esteem and become practical advocates for themselves. As they become more motivated, they can
become more effective in their advocacy for themselves and for others. To provide teachers with hope, and tools to increase
their own knowledge and their student's awareness about the challenges and victories of people with disabilities, particularly in low
income households. To increase teacher's knowledge of success stories of persons with disabilities in socio,racial and
economic communities similar to the students in their classes.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. DR. Pauline G. Livatt, Director

Address: 285 Uptown Blvd, 513
Altamonte, Florida 32701

Name and Title: Charles N. Jackson, Board Member

Address: 584 Keyhole Loop
Apopka, Florida 32712

Name and Title: Rosemary Cowan Powell, Secretary

Address: 3049 Pigeon Cove Street
Deltona, Florida 32738

Name and Title: Jerry E. Powell, Board Member

Address: 3049 Pigeon Cove Street
Deltona, Florida 32738

Name and Title: Shayla Cohen, Treasure

Address: 7250 Rundleway Court
Orlando, Florida 32818

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAR 16 PM 12:30

FILED

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: Rev. Dr. Pauline G. Livatt

Address: 285 Uptown Blvd., 513

Altamonte Springs, Florida 32701

ARTICLE VII INCORPORATOR

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

Name: Disabilities In Action Inc.

Address: 285 Uptown Blvd., 513

Altamonte Springs, Florida 32701

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

Rev. Dr. Pauline G. Livatt
Required Signature of Registered Agent

3/10/20
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.

Rev. Dr. Pauline G. Livatt
Required Signature of Incorporator

3/10/20
Date

FILED
2020 MAR 16 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL