

N21000004935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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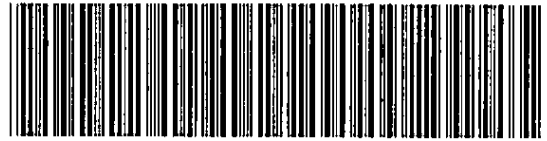
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

Starting Smart Enrichment Center Inc

**SUBJECT:** \_\_\_\_\_

(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**

Curtia Williams

FROM: \_\_\_\_\_

Name (Printed or typed)

6010 Westgate Dr Apt 303

Address

Orlando, FL 32835

City, State & Zip

407-697-3627

Daytime Telephone number

startingsmartec@gmail.com

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

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

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

**ARTICLE I NAME**

Starting Smart Enrichment Center Inc

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

6010 Westgate Dr Apt 303 Orlando, FL 32835

Mailing address, if different is:

**ARTICLE III PURPOSE**

The organization is organized exclusively for charitable and educational purposes

The purpose for which the corporation is organized is: \_\_\_\_\_  
under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section

501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the

federal government, or to a state or local government, for a public purpose.

Set forth in bylaws.

**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: Curtia Williams, President

Address: 6010 Westgate Dr Apt 303

Orlando, FL 32835

Name and Title: Cortney Thompson, Secretary

Address: 6010 Westgate Dr Apt 303

Orlando, FL 32835

Name and Title: Winter James, Treasurer

Address: 6010 Westgate Dr Apt 303

Orlando, FL 32835

Name and Title: Annette Wright, VP

Address: 6010 Westgate Dr Apt 303

Orlando, FL 32835

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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: Curtia Williams

Address: 6010 Westgate Dr Apt 303

Orlando, FL 32835

**ARTICLE VII INCORPORATOR**

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

Name: Curtia Williams

Address: 6010 Westgate Dr Apt 303

Orlando, FL 32835

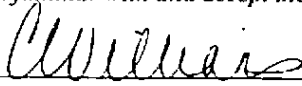
**ARTICLE VIII EFFECTIVE DATE:**

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

3.22.21  
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

3.22.21  
Date