

N21000009244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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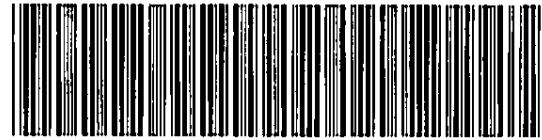
(Business Entity Name)

(Document Number)

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*[Signature]*

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JAN

# COVER LETTER

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

**SUBJECT:** Adam Ivy 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:** Adam M Ivy  
\_\_\_\_\_  
Name (Printed or typed)

1660 Pine Island Rd  
\_\_\_\_\_  
Address

Kissimmee, FL 34744  
\_\_\_\_\_  
City, State & Zip

(407) 968-0323  
\_\_\_\_\_  
Daytime Telephone number

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

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TALLAHASSEE, FL

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

**Articles of Incorporation**  
**Adam Ivy Foundation, Inc.**

**Article 1:** The name of the Corporation shall be **Adam ivy Foundation, Inc.**.

**Article 2:** The principal office of the Corporation is:

1660 Pine Island Rd  
Kissimmee, FL 34744

**Article 3:** Adam Ivy Foundation, Inc. is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**Article 4:** Directors are appointed in the manner established in the bylaws

**Article 5:** The initial Directors are:

- 1) Adam M Ivy  
1660 Pine Island Rd  
Kissimmee, FL 34744
- 2) Elizabeth A ~~McGinn~~ Ivy  
1660 Pine Island Rd  
Kissimmee, FL 34744
- 3) Daniel ~~Balay~~ BALAY  
606 S Conway Rd  
Orlando, FL 32807

**Article 6:** The Name and address if the initial Registered Agent:

Adam M Ivy  
1660 Pine Island Rd  
Kissimmee, FL 34744

**Article 7:** Incorporator:

Adam M Ivy  
1660 Pine Island Rd  
Kissimmee, FL 34744

**Article 8:** No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the


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corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 3 hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

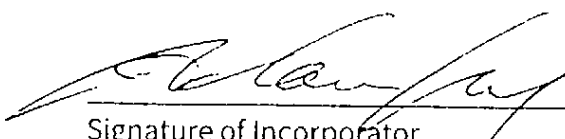
**Article 9:** Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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.

  
\_\_\_\_\_  
Signature of Registered Agent

06-28-21  
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.

  
\_\_\_\_\_  
Signature of Incorporator

06-28-21  
Date

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STATE OF FLORIDA