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|                         | _                 |             |
|-------------------------|-------------------|-------------|
| (Re                     | questor's Name)   | -           |
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Ви                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



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27.00 21 MH 9:56

## **COVER LETTER**

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

| SUBJECT: | Down | By th    | e Bay      | INC.    | The state of the s |
|----------|------|----------|------------|---------|--|
|          |      | (PROPOSI | ED CORPORA | TE 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: Katy Roadman
Name (Printed or typed) Holmes Beach FL 34217 City, State & Zip

down by thebayAMI@ amail.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 The name of | 1 NAME If the corporation shall be: Down     | By the                                       | Bay INC                           |
|---------------------|--|--|-----------------------------------|
| 4RTICLE             |  | •  |                                   |
|                     | Principal street address:                    |  | Mailing address, if different is: |
|                     | 8605 Gulf Dr.                                |  |                                   |
| _h                  | tolmes Beach 34217                           |  |                                   |
|                     |  |  |                                   |
| 4RTICLE             | III PURPOSE                                  | lo 0.00                                      | uide sumplemental                 |
| The purpos          | e for which the corporation is organized is: | _ <del>10p.co</del>                          | vide supplemental                 |
| <u>educa</u>        | tion and support                             | to'  | nomeschooling families            |
|                     |  |  |                                   |
|                     |  |  |                                   |
| -                   | <del></del>                                  |  |                                   |
|                     |  |  |                                   |
|                     |  |  |                                   |
|                     |  |  |                                   |
|                     | Tille: Nicole Darak - Administra             | AlbaName and T                               | ide: Katy Roadman-founder         |
| Address             |  |  | 513 74th St                       |
|                     | Bradenton FL 3420                            | <u>1</u>                                     | Holmes Beach FL                   |
|                     |  | <u>—</u>                                     | 34217                             |
| Name and 1          | File: Wendy Bowers - office                  | <u>г</u> Name and T                          | ille: Evelyn Long-officer         |
| Address             |  |  | 1602 Cordova Dr.                  |
|                     | Holmes Beach FL                              |  | Bradenton FL 34209                |
|                     | 34217  | <b></b>                                      |                                   |
| Name and T          | Tille: Steven De With OFFice                 | <u>r                                    </u> | itle:                             |
| \ddress             | 3714 23rd Ave W.                             |  | <u></u>                           |
|                     | Bradenton FL 34205                           |  |                                   |
|                     | ·  |  | .?<br>                            |
|                     |  | <del></del>                                  | er.                               |

| Name and Title:_   | Name and Title:  |  |  |
|--|--|--|--|
|  | Address:   |  |  |
|  |  |  |  |
| _  |  |  |  |
| Name and Title:_   | Name and Title:  |  |  |
|  | Address:   |  |  |
| _  |  |  |  |
| _  |  |  |  |
|  |  |  |  |
| ARTICLE VI The name and Flo  | REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) of the registered agent is:   |  |  |
| Name:  | Nicole Darak   |  |  |
| Address:   | 1407 70th St. NW   |  |  |
|  | Bradenton FL 34209   |  |  |
|  | INCORPORATOR dress of the Incorporator is:   |  |  |
| Name:  | Katy Roadman   |  |  |
| Address:   | 513 74th St.   |  |  |
|  | Holmes Beach, FL 34217   |  |  |
| race of down in  | EFFECTIVE DATE: other than the date of 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 nan<br>certificate, I am fo  | ned as registered agent to accept service of process for the above stated corporation at the place designated in this<br>imiliar with and accept the appointment as registered agent and agree to act in this capacity |  |  |
|  | Required Signature of Registered Agent  Date  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  4/6/22: Date:  |  |  |