

N23000002539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

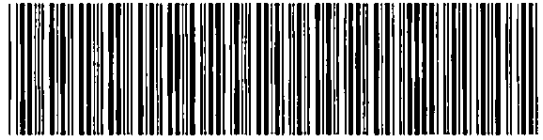
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23 FEB 20 AM 3:30
SECRETARY OF STATE
FALL ARIAS SEC. 11/20/11

COVER LETTER

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

SUBJECT: Homeplace Montessori School, 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: Jamsine E. Williams

Name (Printed or typed)

1702 East Jackson Street

Address

Pensacola, FL 32501

City, State & Zip

202-306-7499

Daytime Telephone number

jwilliams@homeplacemontessori.org

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

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

23 FEB 20 AM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

ARTICLE I NAME

The name of the corporation shall be: Homeplace Montessori School, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1702 East Jackson St.

Pensacola, FL 32501

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized for the purpose of establishing a school.

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. Any assets not so disposed shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is located. Disposal shall be made exclusively for exempt or public purposes, or be made to such organization or organizations as the court shall determine to be organized exclusively for such purposes.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jasmine E. Williams - P

Address: 1702 E. Jackson St.
Pensacola, FL 32501

Name and Title: Jonathan J. Lloyd - T

Address: 6035 Dallas Ave.
Pensacola, FL 32526

Name and Title: Laure Fleming - D

Address: 12660 Lillian Hwy
Pensacola, FL 32506

Name and Title: Kia M. Goldsmith - D

Address: 125 E. Intendencia St.
4th Floor
Pensacola, FL 32502

Name and Title: Jessica M. Johnson - D

Address: 5588 Inspiration St.
Milton, FL 32570

Name and Title: Mark Malisa - D

Address: University of West Florida
11000 University Parkway 85/175
Pensacola, FL 32514

SECRETARY OF STATE
ALLAHASSI, E. LLOYD

23 FEB 20 AM 3:30

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Name and Title: <u>Tanya Richardson - D</u>	Name and Title: <u>Jessica Perez - D</u>
Address: <u>2600 North D St.</u>	Address: <u>5108 Brookside St.</u>
<u>Pensacola, FL 32501</u>	<u>Milton, FL 32571</u>
_____ _____ _____	_____ _____ _____
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: Jade A. McNeil

Address: 8511 Myslak Way, Unit 3126

Pensacola, FL 32526

ARTICLE VII INCORPORATOR

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

Name: Jasmine E. Williams

Address: 1702 East Jackson St.

Pensacola, FL

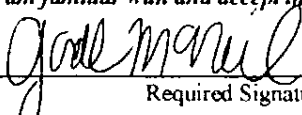
ARTICLE VIII EFFECTIVE DATE:

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

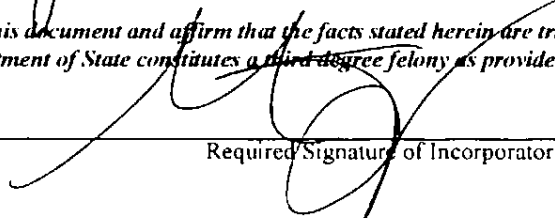


Required Signature of Registered Agent

02/14/2023

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

02/14/2023

Date

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 23 FEB 20 AM 11:34
 SECRETARY OF STATE
 TALLAHASSEE, FL