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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

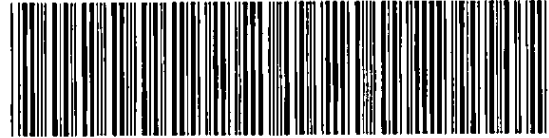
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** Innovation Academy of Tampa 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:** Amy Scott  
\_\_\_\_\_  
Name (Printed or typed)

101 W Cayuga St.  
\_\_\_\_\_  
Address

Tampa, Florida 33603  
\_\_\_\_\_  
City, State & Zip

816-916-3267  
\_\_\_\_\_  
Daytime Telephone number

admin@iaotampa.org

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.**

The name of the corporation shall be: Innovation Academy of Tampa Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
9309 N Florida Ave

Tampa, Florida 33612

Mailing address, if different is:

101 W. Cayuga St

Tampa, Florida 33603

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Innovation Academy of Tampa is a private creative arts career prep high school that blends a high school education and career readiness in digital content creation, journalism, and illustration into one experience. Students will graduate with a high school diploma, an Adobe Creative Cloud certificate, and other industry-standard certifications.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As provided in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Amy Scott President

Address: 101 W Cayuga St

Tampa, Florida 33603

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

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

Name and Title: Konnie Vidal Vice President

Address: 7010 N Palmetto LN

Tampa, Florida 33604

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

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

Name and Title: Jade Scott Secretary

Address: 101 W Cayuga St.

Tampa, Florida 33603

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

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 FEB -2 PM 8:08

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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: Amy Scott

Address: 101 W Cayuga St  
Tampa, Florida 33603

**ARTICLE VII INCORPORATOR**

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

Name: Amy Scott

Address: 101 W Cayuga St.  
Tampa, Florida 33603

**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

01/31/2023

\_\_\_\_\_  
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

01/31/2023

SECRETARY OF STATE  
TALLAHASSEE, FL

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