N23000007781

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
| Office Use Only                         |



06/28/23--01001--019 \*\*137.50



### **COVER LETTER**

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

`¶ ¶b

# **SUBJECT:** EnhanceAbility, Corp - Domestication Change

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

#### FEES:

| Certificate of Domestication                 | \$50.00        |
|--|----------------|
| Articles of Incorporation and Certified Copy | <u>\$78.75</u> |
| Total to domesticate and file                | \$128.75       |

#### **OPTIONAL:**

**Certificate of Status** 

\$ 8.75

| EnhanceAbility, Corp          |
|-------------------------------|
| Name (printed or typed)       |
| 640-4 Railroad Square         |
| Address                       |
| Tallahassee, FL 32310         |
| City, State & Zip             |
| 804-244-2000                  |
| Daytime Telephone Number      |
| nhall@alliedinstructional.com |

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

## NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

| The  | undersigned, Karen B. Walker  | President                                  |                               |
|------|---|--|-------------------------------|
|      | (Name)  | a  | (Title)<br>oreign Corporation |
| in a | (Corporation Name)<br>cordance with section 617.1803, Florida Statutes, does he   |  |                               |
| 1.   | The date on which corporation was first formed was April  | 10   | , 2019                        |
| 2. ' | The jurisdiction where the above named corporation was fi came into being was Hanover County, Virginia  | rst formed. incorpo                        | orated, or otherwise          |
|      | The name of the corporation immediately prior to the filing<br>was EnhanceAbility, Corp   | of this Certificate                        | of Domestication              |
|      | The name of the corporation, as set forth in its articles of in s. 617.01201 and 617.0202 with this certificate is $Enhance$  | -  | -                             |
| :    | The jurisdiction that constituted the seat, siege social, or pr<br>administration of the corporation, or any other equivalent ju-<br>immediately before the filing of the Certificate of Domestic<br>Hanover County, Virginia | urisdiction under a                        |                               |
|      | Attached are Florida articles of incorporation to complete t to s. 617.1803.  | he domestication r                         | equirements pursuant          |
| l an | President EnhanceAbility, Corp  |  |                               |
|      | am authorized to sign this Certificate of Domestication on his the $\frac{28}{\text{day of June}}$ day of $\frac{3}{400000000000000000000000000000000000$   | behalf of the corpo                        | oration and have done<br>2023 |
|      | /// (Authorized Signature   | )  |                               |
|      |   |  | 23                            |
|      | Filing Fee:<br>Certificate of Domestication<br>Articles of Incorporation and Certified (<br>Total to domesticate and file   | \$50.00<br>Copy <u>\$78.75</u><br>\$128.75 | 5                             |

с і С

.

#### ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

EnhanceAbility, Corp

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address shall be: Principal Address

# 640-4 Railroad Square

# Tallahassee, FL 32310

Mailing Address

19104 Talquin Dr.

# Tallahassee, FL 32310

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized:

To enhance the abilities and independence of individuals with special needs.

| 202:         |
|--------------|
| ζ.           |
| <br>         |
|              |
| <br><u> </u> |

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

# The directors shall elect their successors.

### ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

| Title/Name                      | Title/Name |   |
|---------------------------------|------------|---|
| President/Karen B. Walker       |            |   |
| 19104 Talquin Dr                |            |   |
| Tallahassee, FL 32310           |            |   |
| Title/Name                      | Title/Name |   |
| Treasurer/ Mary Hall            |            |   |
| 12055 Meriturn Place            |            |   |
| Ashland, VA 23005               |            |   |
|                                 | 2023 (     |   |
| Title/Name                      | Title/Name |   |
| Vice President/Karen Vay Walker |            |   |
| 2917 Ginter Street              |            |   |
| Richmond, VA 23228              |            | - |

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Karen B. Walker

19104 Talquin Dr.

Tallahssee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Karen B. Walker

19104 Talquin Dr.

Tallahassee, FL 32310

Signature Registered Agent 1 alla

Signature/Incorporator

123

2022 Ji 1. 2 J PK <del>..</del> сл LC