

N23000012991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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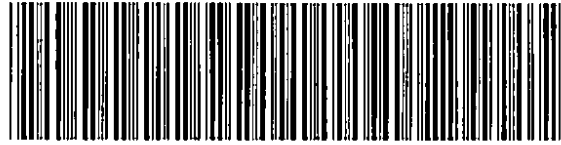
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 OCT 30 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Entreprenista Academy, 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: Andrea Graham-Morris
Name (Printed or typed)

615 Channelside Drive Suite 207
Address

Tampa Florida 33602
City, State & Zip

407.218.0505
Daytime Telephone number

lena@iamentreprenista.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 I NAME

The name of the corporation shall be: Entreprenista Academy Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

615 Channelside Drive Suite 207

Tampa, Florida 33602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The Entreprenista Academy provides training to existing & future entrepreneurs in the essentials of starting & owning a business

Subject-matter experts, direct mentoring, coaching opportunities, pitch practice, & timely content, & the fundamentals of launching & growing a business. Economic development opportunities and projects will be utilized to promote and provide resources for participants.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrea Graham-Morris, Chair

Address: 615 Channelside Drive, Suite 207

Tampa, Florida 33602

Name and Title: Alison A. Hewitt, Sec/Treasurer

Address: 615 Channelside Drive, Suite 207

Tampa, Florida 33602

Name and Title: Sherrie Barr-Mack, Vice Chair

Address: 615 Channelside Drive, Suite 207

Tampa, Florida 33602

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Alison A. Hewitt
Address: 4904 N 32nd Street
Tampa Florida 33610

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ARTICLE VII INCORPORATOR

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

Name: Lena Graham Morris
Address: 615 Channelside Drive Suite 207
Tampa, Florida 33602

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: October 25, 2023. (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

Alison A. Hewitt
Required Signature of Registered Agent

10/27/2023
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.

Lena Graham Morris
Required Signature of Incorporator

OCT 27 2023
Date