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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: IDD Aspiring Minds, 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: Kimberly Houston
Name (Printed or typed)
10300 49th Street North Suite 301
Address
Clearwater, Florida 33762
City, State & Zip
(727) 370-4169
Daytime Telephone number

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: IDD Aspiring Minds, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
10300 49th Street North Suite 301

Mailing address, if different is:

Clearwater, Florida 33762

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Our ultimate purpose is to serve the healthcare industry by providing innovative operational solutions to remedy some of the biggest challenges facing health systems.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Set out in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) Kimberly Houston

Name and Title: (S) Virginia Smart

Address 10300 49th Street North Suite 301
Clearwater, Florida 33762

Address: 10300 49th Street North Suite 301
Clearwater, Florida 33762

Name and Title: (VP) Quantal Green

Name and Title: _____

Address 10300 49th Street North Suite 301
Clearwater, Florida 33762

Address: _____

Name and Title: (T) Shalish McKinnon

Name and Title: _____

Address 10300 49th Street North Suite 301
Clearwater, Florida 33762

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: Bernie Thompson

Address: 4411 N. 48th Street

Tampa, Florida 33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tommie Lee

Address: 4411 N. 48th Street

Tampa, Florida 33610

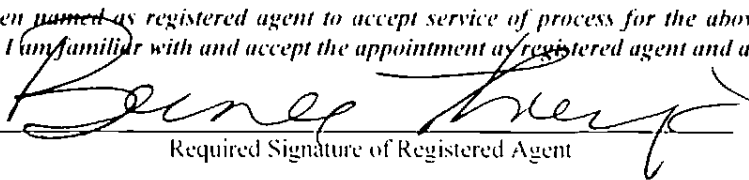
ARTICLE VIII EFFECTIVE DATE:

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.

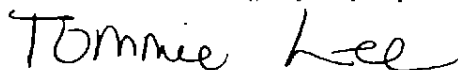


Required Signature of Registered Agent

01/24/2024

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

01/24/2024

Date

2024

7:31