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## COVER LETTER

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

**SUBJECT:** LEVY COUNTY EDUCATION ASSOCIATION, AFT LOCAL 4077, CORPORATION  
(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:** LEVY COUNTY EDUCATION ASSOCIATION, AFT LO  
\_\_\_\_\_  
Name (Printed or typed)

590 MARSHBURN DRIVE

\_\_\_\_\_  
Address

BRONSON, FLORIDA 32621

\_\_\_\_\_  
City, State & Zip

352-246-5309

\_\_\_\_\_  
Daytime Telephone number

LCEA4077@GMAIL.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** LEVY COUNTY EDUCATION ASSOCIATION, AFT LOCAL 4077, CORPORATION  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address: LEVY COUNTY EDUCATION ASSOCIATION 590 MARSHBURN DRIVE BRONSON, FLORIDA 32621	Mailing address, if different is: LEVY COUNTY EDUCATION ASSOCIATION P.O. BOX 879 BRONSON, FLORIDA 32621
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LABOR ORGANIZATION  
TO WORK FOR THE WELFARE AND EDUCATIONAL OPPORTUNITIES OF ALL SCHOOL CHILDREN.  
TO PROMOTE HIGH PROFESSIONAL PRACTICES.  
TO PROMOTE COOPERATION WITH OTHER GROUPS HAVING EDUCATIONAL INTERESTS.  
TO ACQUAINT SCHOOL PERSONNEL WITH STATE OF FLORIDA AND DISTRICT SCHOOL LAWS.  
TO ENCOURAGE MEMBERSHIP IN THIS ASSOCIATION AND OTHER ASSOCIATIONS FOR PROFESSIONAL IMPROVE  
TO IMPROVE EDUCATIONAL OPPORTUNITIES IN THE COUNTY, STATE, AND NATION.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: AS STATED BY THE

By-Laws

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

Name and Title: <u>KIMBERLY HUDSON, PRESIDENT</u> Address: <u>510 E COUNTRY CLUB DRIVE</u> <u>WILLISTON, FLORIDA 32696</u>	Name and Title: <u>CAROLYN GARREAU-JONES, TRE.</u> Address: <u>15132 NE 3RD PLACE</u> <u>WILLISTON, FLORIDA 32696</u>
Name and Title: <u>MAURA THOMPSON, VP OF INSTRUC</u> Address: <u>206 NE 3RD STREET</u> <u>WILLISTON, FLORIDA 32696</u>	Name and Title: _____ Address: _____
Name and Title: <u>AMY WILSON, VP OF ESP</u> Address: <u>12091 NE 85TH STREET</u> <u>BRONSON, FLORIDA 32621</u>	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: CAROLYN GARREAU-JONES

Address: 15132 NE 3RD PLACE

WILLISTON, FLORIDA 32696

**ARTICLE VII INCORPORATOR**

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

Name: CAROLYN GARREAU- JONES

Address: 15132 NE 3RD PLACE

WILLISTON, FLORIDA 32696

**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

2/20/2024  
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

2/20/2024  
Date

2024 FEB 21 PM 3:45