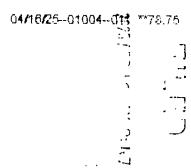


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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Special instructions to a fining Officer.

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COVER LETTER

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

BJECT:	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
losed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for :	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate	
FROM:	Dr. Anna D. Diaz	une (Printed or typed)	_	
	1132 Bella Vista Cir	Address	_	
	Longwood, FL 32779	City. State & Zip	_	
	407-406-0468	time Telephone number	_	

NOTE: Please provide the original and one copy of the articles.

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

drdiaz@myocasa.net

ARTICLES OF INCORPORATION

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

<u>AKTICLE II</u>	PRINCIPAL OFFICE		
1132	Principal <u>street</u> address: Bella Vista Cir	Mailing address, if different is:	
Longv	wood, FL 32779		
ARTICLE III The purpose for protect the righ	PURPOSE r which the corporation is organized into the members.	The purpose of this association is to promote the welfare and s:	7:00
			<u>.</u>
<u> </u>			
ARTICLE IV	MANNER OF ELECTION The	manner in which the directors are elected and appointed: As stated	in bylav
	MANNER OF ELECTION The INITIAL OFFICERS AND/OR DIS		in bylav
RTIÇLE V	INITIAL OFFICERS AND/OR DIA		in bylav
IRTICLE V Name and Title	INITIAL OFFICERS AND/OR DI	RECTORS	in bylav
RTICLE V	INITIAL OFFICERS AND/OR DIA : Anna Diaz - Director	RECTORS Name and Title:	in bylav
RTICLE V Name and Title	Anna Diaz - Director 1132 Bella Vista Cir Longwood, FL 32779	RECTORS Name and Title: Address:	in bylav
Name and Title Address	Anna Diaz - Director 1132 Bella Vista Cir Longwood, FL 32779	RECTORS Name and Title:	in bylav
Name and Title Address	INITIAL OFFICERS AND/OR DIA Anna Diaz - Director 1132 Bella Vista Cir Longwood, FL 32779 Amy Mchale - Director	Name and Title: Address: Name and Title:	in bylav
Name and Title Address Name and Title	Anna Diaz - Director H32 Bella Vista Cir Longwood, FL 32779 Amy Mchale - Director 19455 Sunridge Blvd Winter Garden, FL 34787	Name and Title: Address: Name and Title: Address:	in bylav
Name and Title Address Name and Title Address	Anna Diaz - Director H32 Bella Vista Cir Longwood, FL 32779 Amy Mchale - Director 19455 Sunridge Blvd Winter Garden, FL 34787	Name and Title: Address: Name and Title: Address: Name and Title: Address:	in bylav
ARTICLE V Name and Title Address Name and Title Address	Anna Diaz - Director H32 Bella Vista Cir Longwood, FL 32779 Amy Mchale - Director 19455 Sunridge Blvd Winter Garden, FL 34787	Name and Title: Address: Name and Title: Address:	in bylav

Name and Title:		Name and Title:	_
Address		Address:	_
			_
Name and Title:		Name and Title:	_
			_
	1000		_
	·		
			,
ARTICLE VI For The name and Flo	<u>REGISTERED AGENT</u> orlda street address (P.O. Box NO T acc	ceptable) of the registered agent is:	, ,
Name.	Anna Diaz		·
Address:	1132 Bella Vista Cir		• ;
,	Longwood, FL 32779		'
			1
	INCORPORATOR		
The pame and add	dress of the Incorporator is:		
Name.	Anna Diaz		
Address:	1132 Bella Vista Cir		
	Longwood, FL 32779		
ARTICI E VIII	EFFECTIVE DATE: 04/16/202	•	
Effective date, if o	other than the date of filing:	and cannot be more than five days prior or 90 days aft	er the filing)
Note: If the date document's effect	inserted in this block does not meet the ive date on the Department of State's r	applicable statutory filing requirements, this date will not ecords	be fisted its tife
Having been nam	ned as registered agent to accept service the appointmental accept the appointment accept the appointmental acceptance and accept the appointmental acceptance accept	ce of process for the above stated corporation at the plac t as registered agent and agree to act in this capacity	e designated in this
terigical, ramy			. 2000-
	Required Signature of Register	red Agent Date	·2025-
I submit this docu	• 7)	rein are true. I am aware that any false information submit	tted in a document to
the Department of	State constitutes of third degree felony	as provided for in s.817.155, F.S.	
	JEN MIL	4.16.	205
	Required Signature of Inc	corporator Dat	C

Orange County Association of School Administrator, Inc.

1132 Bella Vista Cir Longwood, FL 32779 (407)-406-0468

4/9/2025

Florida Division of Corporations 2415 N. Monroe Street Suite 810 Tallahassee, FL 32303

Re: Affidavit to Release the Name

Dear Sir/Madam.

I, Dr. Anna Diaz, the undersigned, hereby submit this affidavit on behalf of the Orange County Association of School Administrator, Inc. (the "Association") to formally request the release of the name of our corporation as registered with the Florida Division of Corporations.

The Association, incorporated under the laws of the State of Florida, filed the articles of incorporation prematurely. We have recently obtained an EIN and started the nonprofit application process. We would like to register the new company with the Florida Division of Corporations with the name Orange County Association of School Administrators, Inc.

We have dissolved the Orange County Association of School Administrator, and are now respectively asking for the name to be released so we can properly start the organization with the proper name.

As the authorized representative of the Association, I attest to the following:

- The name Orange County Association of School Administrator, Inc. is currently registered with the Florida Division of Corporations under Document Number N23000008473.
- 2. The Association seeks to have this name released so that it may be used for a new filing.

We understand that the Division may require additional documentation to proceed with this request and are prepared to provide any necessary materials or forms as instructed.

Kindly process this request at your earliest convenience, and please notify us of any further steps we need to take to complete this process.

Thank you for your attention to this matter.

Sincerely,

Dr. Anna Diaz

Executive Director 2

Orange County Association of School Administrator, Inc.

MENSEL: ANNA DIAZ FLDL# D335-673-09-000 0 TIMOTHY SELL
Hotary Public - State of Florida
Commission # HH 192421
My Comm. Expires Oct 28, 2025

PM