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14 MAY -5 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*κ* 05/07/14

**COVER LETTER**

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

SUBJECT: Bamhart Learning Center, 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: John R. Nelson, SR.  
Name (Printed or typed)

P.O. Box 478  
Address

Monticello, FL 32345  
City, State & Zip

(850) 241-2745  
Daytime Telephone number

nelsonsrjohn@aol.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: Barnhart Learning Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

470-B Marvin Street  
Monticello, FL 32344

Mailing address, if different is:

P.O. Box 478  
Monticello, FL 32345

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To exclusively provide educational information and training to community based organizations.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors are to be elected by majority two-thirds vote Annually.

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

Name and Title: <u>Ned Hill, Jr., President</u>	Name and Title: <u>Ben Ransom, Jr., Vice-President</u>
Address: <u>5253 Maddox Rd.</u> <u>Tallahassee, FL</u> <u>32303</u>	Address: <u>857 Pinney Woods Road</u> <u>Monticello, FL</u> <u>32344</u>

Name and Title: <u>Benjamin H. Hudson, Secretary</u>	Name and Title: <u>Lonnie E. Griffin, Treasurer</u>
Address: <u>355 Seabrooks Road</u> <u>Monticello, FL</u> <u>32344</u>	Address: <u>5232 Dills Road</u> <u>Monticello, FL</u> <u>32344</u>

Name and Title: <u>Samuel Madison, Director</u>	Name and Title: <u>Nathaniel Gallon, Director</u>
Address: <u>351 Ridge Road</u> <u>Monticello, FL</u> <u>32344</u>	Address: <u>865 N. Waukeeanah Street</u> <u>Monticello, FL</u> <u>32344</u>

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TALLAHASSEE, FL 32309

Name and Title: Dennis D. Gallon, Director Name and Title: \_\_\_\_\_

Address: 1221 Dills Road Address: \_\_\_\_\_  
Monticello, FL \_\_\_\_\_  
32344 \_\_\_\_\_

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: JOHN R. Nelson, SR.  
Address: 495 Melrose DR.  
Monticello, FL 32344

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN R. Nelson, SR.  
Address: P.O. Box 478  
Monticello, FL 32345

*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*

John R. Nelson, SR.  
Required Signature of Registered Agent

5/2/2014  
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.*

John R. Nelson, SR.  
Required Signature of Incorporator

5/2/2014  
Date