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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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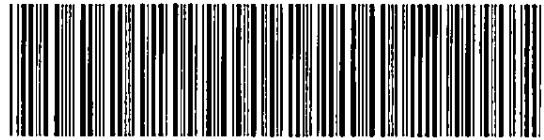
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: ACADEMY HIGH SCHOOL, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FILED

FROM: DAVID KAUFMAN
Name (Printed or typed)

2001 W. Sample Rd Suite 401
Address

Deerfield Beach, FL 33064
City, State & Zip

954-842-8811
Daytime Telephone number

David@AcademyHighSchool.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ACADEMY HIGH SCHOOL, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2001 W. Sample Rd SUITE 401
DEERFIELD BEACH, FL. 33064

Mailing address, if different is:

Same
2001 W SAMPLE Rd. SUITE 401
DEERFIELD BEACH FL. 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

EDUCATIONAL AND MORE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID KAUFMAN

Address 2001 W. Sample Rd

SUITE 401

DEERFIELD BEACH, FL. 33064

Name and Title: SOLE OFFICERS CEO

Address: SAME

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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2006

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: DAVID KAUFMAN
Address: 209 W. Sample Rd SUITE 401
DEERFIELD BEACH FL.
33064

ARTICLE VII INCORPORATOR

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

Name: DAVID KAUFMAN
Address: 209 W. Sample Rd. SUITE 401
DEERFIELD BEACH, FL. 33064

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: OCTOBER 01, 2025 (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

✓ [Signature]
Required Signature/Registered Agent

09/24/2025
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

✓ [Signature]
Required Signature/Incorporator

09/24/2025
Date

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