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# TRANSMITTAL LETTER

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

Subject: Wisdom Quest, Inc.

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

\$70.00

\_\_\$78.75

\_\_\_\$78.75

\$87.50

Filing Fee

Filing Fee & Certificate of

Filing Fee & Certified Copy Filing Fee.
Certified Copy
& Certificate

Status

ADDITONAL COPY REQUIRED

FROM:

Katherine Bliss Para

Name (Printed or Typed)

2125 Ernest Street

Address

Jacksonville, Florida 32204

City, State & Zip

904-634-8947

Daytime Telephone number

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

Katherine Para GAVE AUTHORIZATION BY PHONE TO CORRECT address DATE 2-21-03 DOG. EXAM V.Q.

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## ARTICLES OF INCORPORATION

In compliance with chapter 617, F.S., (Not for Profit) EB 20 PM 1:20

# ARTICLE I NAME

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Wisdom Quest, Inc.

### ARTICLE II PRINCIPAL ADDRESS

2725 Clara Road Jacksonville, Florida 32216

### ARTICLE III **PURPOSE**

This corporation is formed for educational purposes including but not limited to outreach programs and curriculum development.

# ARTICLE IV MANNER OF ELECTION

Directors will be elected by a majority vote of the current Directors.

# ARTICLE V INITIAL DIRECTORS/OFFICERS

Katherine Bliss Para 2125 Ernest Street Jacksonville, Florida 32204

Deanna Sessions-Mitchell 2725 Clara Road Jacksonville, Florida 32216

Kimberly Smith-Johnson 9762 Ivey Raod Jacksonville, Florida 32246

### INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE VI

Kimberly Smith-Johnson 9762 Ivey Raod Jacksonville, Florida 32246

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE VII INCORPORATOR

Katherine Bliss Para 2125 Ernest Street Jacksonville, Florida 32204 904-634-8947

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Signature/Incorporator

2/15/03 Date/

Date Date