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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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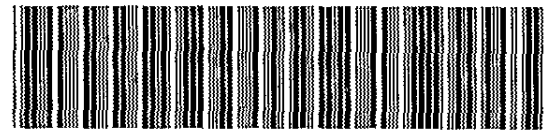
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Wings Academy, 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: Anthon Francis
Name (Printed or typed)

PO Box 48367
Address

Sarasota, FL 34230-5367
City, State & Zip

(941) 351-7267
Daytime Telephone number

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:

Wings Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PO Box 48367
Sarasota, FL 34230-5367

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To educate children from grades 6 through 8.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are appointed by the Board of Directors.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Willie Mae Sheffield, PO Box 48367, Sarasota, FL 34230, Chairperson & Director
Alene Sheffield, PO Box 48367, Sarasota, FL 34230, Treasurer & Director
Gloria Beasley, PO Box 48367, Sarasota, FL 34230, Director
Marcia Pack, PO Box 48367, Sarasota, FL 34230, Secretary & Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Alene Sheffield, 2706 N. Osprey Avenue, Sarasota, FL 34234

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Willie Mae Sheffield, PO Box 48367, Sarasota, FL 34230

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Alene Sheffield
Signature/Registered Agent

2-26-03
Date

Willie Mae Sheffield
Signature/Incorporator

2/26/03
Date