# N05000000014

| (Requestor's Name)                   |                    |                 |  |
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| (Cit                                 | :y/State/Zip/Phone | <del>, #)</del> |  |
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| PICK-UP                              | ☐ WAIT             | MAIL            |  |
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| (D0                                  | cument Number)     |                 |  |
|                                      |                    |                 |  |
| Certified Copies                     | _ Certificates     | of Status       |  |
|                                      |                    |                 |  |
| Special Instructions to              | Filing Officer     |                 |  |
| Openial management to thing officer. |                    |                 |  |
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# , TRANSMITTAL LETTER

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

SUBJECT: Hendricks Methodist Day School Incorporated

| Enclosed is an original a | and one(1) copy of the Artic               | les of Incorporation and a           | ı check for :                                      |  |
|---------------------------|--|--------------------------------------|--|--|
| S70.00 Filing Fee         | \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy | ■ \$87.50 Filing Fee, Certified Copy & Certificate |  |
|                           |  | ADDITIONAL CO                        | PY REQUIRED  |  |
|                           |  | ch                                   | eck # 2508   |  |
| FROM:                     | James Kavanagh<br>Name (Pri                | nted or typed)                       | <del></del>  |  |
|                           | 1569 Austin Lane                           | idress                               | <del>-</del>                                       |  |
|                           | St. Augustine, Florida 32092               | <u>:</u>                             | <del>.</del>                                       |  |
|                           | -  | tate & Zip                           | •  |  |
|                           | 904-655-6709<br>Daytime Tel                | ephone number                        | - a  |  |

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

Hendricks Methodist Day School in corporated

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1569 Austin Lane
St. Augustine, Florida 32092

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide educational consultant services to elementary and middle schools

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: Appointed by chairman of the board

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

List name(s), address(es) and specific title(s):

James J. Kavanagh, President 1569 Austin Lane St. Augustine, Florida 32092

Patrick Kavanagh, Vicepresident 1569 Austin Lane St. Augustine, Florida 32092

Owen Kavanagh, Treasurer 1569 Austin Lane St. Augustine, Florida 32092

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The <u>name and Florids street address</u> (P.O. Box NOT acceptable) of the registered agent is: Virgina Kavanagh 1569 Austin Lane St. Augustine, Florida 32092

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James J. Kavanagh 1569 Austin Lane St. Augustine, Florida 32092

|   | n in it in in in in it in |
|---|---|
| Having been named as registered agent to accept service of process for the al   | bove stated corporation at the place designated               |
| in this certificate, I am familiar with and accept the appointment as registere |   |
| Thursday 1  | . 1.01.   |

Signature/Registered Agent

Signature/Incorporator

Date Date