

N05000002347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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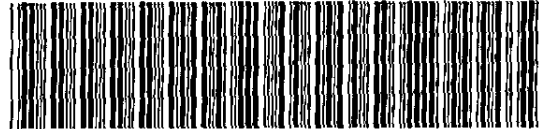
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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5548-501

## TRANSMITTAL LETTER

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

**SUBJECT:** GRACE 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:** Carol Jean Adkins  
Name (Printed or typed)

2349 Canoe Creek Rd.  
Address

St. Cloud, Fl. 34769  
City, State & Zip

407-709-5435  
Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Grace Academy for Special Needs Children, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

2349 Canoe Creek Rd.  
St. Cloud, Fl. 34769

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Teach and Train Autistic Children and their Families

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Elected

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

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

Carol Jean Adkins/President  
2349 Canoe Creek Rd.  
St. Cloud, Fl. 34769

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Carol Jean Adkins  
2349 Canoe Creek Rd.  
St. Cloud, Fl. 34769

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Carol Jean Adkins  
2349 Canoe Creek Rd.  
St. Cloud, Fl. 34769

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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.

Carol J. Adkins  
Signature/Registered Agent

Feb 23, 05  
Date

Carol J. Adkins  
Signature/Incorporator

Feb 23, 05  
Date