

N 06000005611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

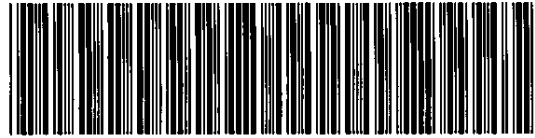
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

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05/24/06--01006--011 #78.75

FILED  
06 MAY 24 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
06 MAY 24 PM 3:04  
DIVISION OF CORPORATION

ms 5/24/06

**COVER LETTER**

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

**SUBJECT:** Faith Christian Academy of the Arts, 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:** Dr. Howard F. McMillan  
Name (Printed or typed)

310 Laura Lee Avenue  
Address

Tallahassee, Florida 32301  
City, State & Zip

(850)671-5755  
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:

Faith Christian Academy of the Arts, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

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

310 Laura Lee Avenue, Tallahassee, Florida 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The corporation is organized for charitable and educational purposes to aid the poor and disadvantaged individuals and families *and the Community at Large*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The directors are elected in accordance with the Bylaws.

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

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

Dr. Howard F. McMillan  
President  
4001 Chaires Cross Road  
Tallahassee, FL

*Ms. Shirley J. Brown  
Treasurer  
4018 Roscrea Circle  
Tallahassee, FL 32308*

*Ms. Glenda Hawkins  
Secretary  
310 Laura Lee Avenue  
Tallahassee, FL 32301*

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

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

Dr. Howard F. McMillan  
4001 Chaires Cross Road  
Tallahassee, Florida

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Patricia Fletcher-Edwards  
310 Laura Lee Avenue  
Tallahassee, Florida 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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*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.*

*Howard F. McMillan*  
\_\_\_\_\_  
Signature/Registered Agent

*5/24/06*  
\_\_\_\_\_  
Date

*Patricia Fletcher-Edwards*  
\_\_\_\_\_  
Signature/Incorporator

*5/24/04*  
\_\_\_\_\_  
Date