

NO8000000303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

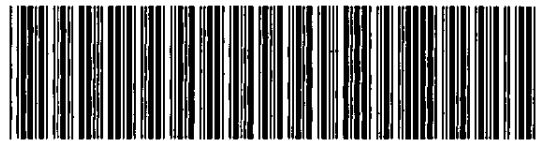
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W07-62134

Office Use Only



100112892941

Effective Date Jan. 01, 2008

12/26/07--01033--015 **78.75

2007 DEC 26 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. Burch JAN 10 2008

COVER LETTER

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

SUBJECT: J. P. DUDLEY ACADEMIC 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: JOYCELINE P DUDLEY
Name (Printed or typed)

943 ASHTON COVE TERRACE
Address

JACKSONVILLE, FLORIDA 32218
City, State & Zip

(904) 714-1466
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2007

JOYCELINE P DUDLEY
943 ASHTON COVE TERRACE
JACKSONVILLE, FL 32218

SUBJECT: J.P. DUDLEY ACADEMIC ACADEMY, INC
Ref. Number: W07000062134

We have received your document for J.P. DUDLEY ACADEMIC ACADEMY, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 607A00071727

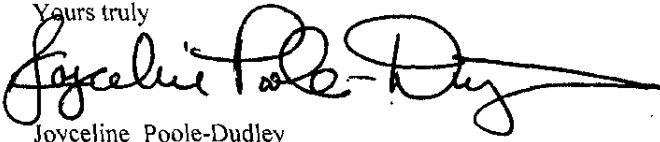
December 20, 2007

Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Amendment Section:

The purpose of this letter is to revoke, dissolved and releasing J.P. Dudley Academic Academy, Inc., Name. This revocation will not be change. It is permanent. The document number is P05000099365. The federal identification number is 84-1684903. The address is 943 Ashton Cove Terrace, Jacksonville, Florida, 32218.

Yours truly

A handwritten signature in black ink, appearing to read "Joyceline Poole-Dudley", with a long horizontal flourish extending to the right.

Joyceline Poole-Dudley

ARTICLES OF INCORPORATION
J.P. DUDLEY ACADEMIC ACADEMY, INC

ARTICLE I NAME

J.P. DUDLEY ACADEMIC ACADEMY, INC

Effective Date Jan. 01, 2008

ARTICLE II PRINCIPAL OFFICE

943 Ashton Cove Terrace
Jacksonville, FL 32218

FILED
2007 DEC 26 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

TO BEGIN EDUCATION AT AN EARLY AGE.

ARTICLE IV MANNER OF ELECTION

THE DIRECTORS ARE APPOINTED BY THE BOARD.

ARTICLE V INITIAL DIRECTORS AND /OR OFFICERS

JOYCELINE P DUDLEY, DIRECTOR
943 ASHTON COVE TERRACE
JACKSONVILLE, FL 32218

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

JOYCELINE P DUDLEY
943 ASHTON COVE TERRACE
JACKSONVILLE, FL 32218

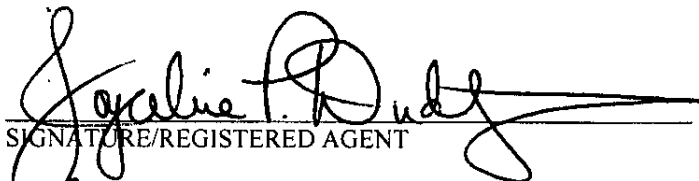
ARTICLE VII INCORPORATOR

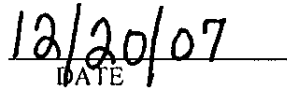
JOYCELINE P DUDLEY
943 ASHTON COVE TERRACE
JACKSONVILLE, FL 32218

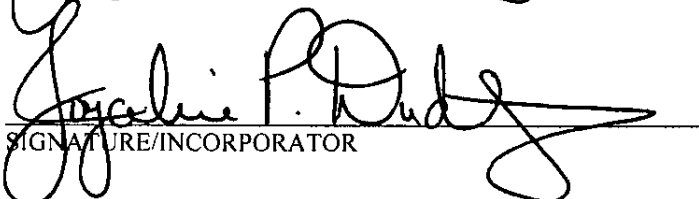
ARTICLE VIII EFFECTIVE DATE

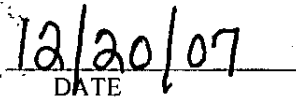
THE EFFECTIVE DATE WILL BE JANUARY 1, 2008.

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 to act in this capacity.


SIGNATURE/REGISTERED AGENT


DATE


SIGNATURE/INCORPORATOR


DATE