

N100000009911

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 10/19/10

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AMikids Graduate School, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	034
Estimated Charge	\$78.75

RECEIVED
10 OCT 21 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature] 10/22/10



October 20, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: AMIKIDS GRADUATE SCHOOL, INC.
REF: W10000049328

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX And. #: H10000228433
Letter Number: 010A00024786

2010 OCT 19 AM 11:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: AMikids Graduate School, 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: Sharon Rash, Paralegal
Name (Printed or typed)

5915 Benjamin Center Drive
Address

Tampa, Florida 33634
City, State & Zip

813.887.3300
Daytime Telephone number

srash@amikids.org
E-mail address: (to be used for future annual report notification)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 OCT 19 AM 11:50

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S. (Not for Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: AMIKids Graduate School, Inc.

2010 OCT 19 AM 11:50

ARTICLE II PRINCIPAL OFFICE

Principal street address
5915 Benjamin Center Drive
Tampa, Florida 33634

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educate, treat, rehabilitate delinquent and dependent youth by training, discipline, and productive work.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: O. B. Stander
Address: 5915 Benjamin Center Dr.
Tampa, Florida 33634

Name and Title: _____
Address: _____

Name and Title: William L. Griffin
Address: 5915 Benjamin Center Dr.
Tampa, Florida 33634

Name and Title: _____
Address: _____

Name and Title: Judy L. Estren
Address: 5915 Benjamin Center Dr.
Tampa, Florida 33634

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: O. B. Stander
Address: 5915 Benjamin Center Dr.
Tampa, Florida 33634

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.

CT Corporation System

By:

Barbara A. Burke

Required Signature of Registered Agent

Barbara A. Burke

Signature of Registered Agent

10-18-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

O. B. Stander

Required Signature of Incorporator

10/14/10

Date