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(Re	questor's Name)	<del></del>
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DA)	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: BOLA EDUCATIONAL CENTER, INC.							
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate  OPY REQUIRED				
FROM: SUNDAY AKINBIYI  Name (Printed or typed)							
18542 N.W. 23 COURT  Address							
MIAMI GARDENS, FL. 33056 City, State & Zip							
	305 759-2585		_				
	70 N.E. 8 <b>D</b> ####A	Delephone number					

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

E-mail address: (to be used for future annual report notification)

bolachild@bellsouth.net



March 1, 2011

SUNDAY AKINBIYI 18542 N.W. 23RD COURT MIAMI GARDENS, FL 33056

SUBJECT: BOLA EDUCATIONAL CENTER, INC.

Ref. Number: W11000011764

We have received your document for BOLA EDUCATIONAL CENTER, 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):

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.

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) 245-6921.

Letter Number: 511A00005080

Maryanne Dickey Regulatory Specialist II Supervisor New Filing Section

www.sunbiz.org

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

ARTICLE I	NAME BOLA FOLIO	CATIONAL C	ENTER INC	<u> </u>	
The name of the c	corporation shall be:	O, (11014) (E C	<i>&gt;</i>	<b>3</b> .	
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address		_	Mailing address, if d	ifferent is:
	70 N.E. 80 TERRACE		<u> </u>	P.O. BOX 380373	
	MIAMI, FLORIDA 33138		4.	AIAMI, FLORIDA 33238⊈∩⊥	
		<del> </del>	<del>-</del>	<u></u>	3 n
ARTICLE III	PURPOSE			<u>≖</u> m ≯≓	∌ ∐
		•		SSAR	ō /-
• •	which the corporation is organized in	s:		<u> </u>	
This corporation is a	h the corporation is organized is: nonprofit public benefit corporation and is not	t organized for the pri	ivate gain of any pers	on. The corporation is organized (Mid	er that Nonprofit Public
Benefit Corporation L	aw for, charitable and educational purposes. ing the social and cognitive development of c	The programs will co	onsist of but shall not	be limited to; head start program the	promotes school
readiness by enhanc services. Also Bola e	ing the social and cognitive development of c ducational Center, Inc, will operate as an afte	hildren through the pr er school orogram and	rovision of comprehe It summer school pro	nsive health, educational, nutrifional; grams open to vouths of all ma <b>cks</b> . Tel	social and other icious and ethnic
	gram will focus on academic studies, peer co				<b>~</b> -l
ARTICLE IV	MANNER OF ELECTION	The manner in wl	hich the directors	are elected and appointed:	
The Directors are elected in	accordance with the Byt.aws	-		••	
	the persons appointed to act as the Initial Directors of this con	•			
ARTICLE V	INITIAL OFFICERS AND/O				
	Title: SUNDAY AKINBIYI, PRE				
Address:	18542 N.W. 23rd COURT		Address:		
	MIAMI GARDENS, FL. 3	3056	-		
		<del></del>	-		
Name and T	itle:JOSEPHINE AKINBIYI, V.P/	TREASHRED	Name and Title:		
Address:	18542 N.W. 23rd COURT		Address:		
Addiess.	MIAMI GARDENS, FL. 330		Addiess		
	MINIMI ON ANDERO, T.E. OO	550	-		
			-		
Name and 7	Title: KEVIN AKINBIYI, SECRE	TARY	Name and Title:		
Address:	18542 N.W. 23rd COURT	· · · · · · · · · · · · · · · · · · ·	Address:		
	MIAMI GARDENS, FL 330	)56	-		
		<del> </del>	-		
ADDIOLD IN	DECICEDED ACTUE				
ARTICLE VI	REGISTERED AGENT	Caasameahla) aCel		4 i	
Name:	orida street address (P.O. Box NOT	acceptable) of th	ie registered agen	t is:	
	Mr. SUNDAY AKINBIYI	<del></del>			
Address:	18542 N.W. 23rd COUR				
	MIAMI GARDENS, FL. 3	3036			
ARTICLE VII	INCORPORATOR				
	dress of the Incorporator is:	•			
Name:	Mr. SUNDAY AKINBIYI				
Address:	18542 N.W. 23rd COURT	Γ			
	MIAMI GARDENS, FL. 33				
	ned as registered agent to accept se				e designated in this
certificate, I am fa	miliar with and accept the appointm	nent as registered	agent and agree	to act in this capacity	
		A .		· ·	
	All Dub	<u> </u>		<u>3-5-11</u>	
	Required Signature of Regis	stered Agent		Date	
			_		
I submit this docu	ment and affirm that the facts state	d herein are true	. I am aware tha	t any false information subm	itted in a document
to the Department	of State constitutes a third degree fe	ziony as provided s	gor in s.817.155,	F.3.	
		1			
	ALC W	mony	<del>-</del>	3-5-11	
	Required Signature of	Linestporator		Date	-