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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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Special Instructions to	Filing Officer:			



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SECRETARY OF STATE
AND ANASSEE FLORID.

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W11-14498



RECEIVED

FLORIDA DEPARTMENT OF STATE 11 HAR 30 AM 11: 52 Division of Corporations

DIVISION OF CORPORATIONS

March 14, 2011

NICOLE JACKSON 3214 SUNNYBROOK AVE. S. JACKSONVILLE, FL. 32254

SUBJECT: EDUVENTURE CAPITAL, INC.

Ref. Number: W11000014498

We have received your document for EDUVENTURE CAPITAL, INC. and your check(s) totaling \$80.00. 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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 611A00006183

COVER LETTER

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

SUBJECT: Eduventure Capital, Inc.					
	(PROPOSED CORPORATE	É NAME – <u>MUST INCL</u> I	JDE SUFFIX)		
Enclosed is an original a \$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 C	OPY REQUIRED		
FROM: Nicole Jackson Name (Printed or typed)					
3214 Sunnybrook ave S Address					
Jacksonville, Florida 32254 City, State & Zip					

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

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

3214 Suftentino Celeptone number

904-384-6399

nncljac@aol.com

ARTICLES OF INCORPORATION

71	In compliance with Chapte	er 617, F.S., (Not for F	rofit)
ARTICLE I	NAME C		sital laa
The name of the co	orporation shall be: Eduventu	ire Cap	oitai, inc.
ARTICLE II	PRINCIPAL OFFICE	_	
	Principal street address		Mailing address, if different is:
	3214 Sunnybrook ave S		· · · · · · · · · · · · · · · · · · ·
	Jacksonville, Fl 32254	 	
ARTICLE III	<u>PURPOSE</u>		
The purpose for w	hich the corporation is organized is:		
To serve as a	financial resource for educational ar	nd humanitarian 5	501(c)(3) organizations.
Mission: Fina	ncially committed to help give hope for	or the future by p	romoting a culture of education.
ARTICLE IV	MANNER OF ELECTION The manner in	which the directors are	e elected and appointed:
70	enure Elected through	avoting pr	ocessamually.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO		<u> </u>
Name and T	itle: Nicole Jackson-Chair, President, C.E.O.	Name and Title:	
Address:	3214 Sunnybrook Ave S	Address:	
	Jacksonville, Fl 32254		
Name and T	itle:Damian R. Jackson-Treasurer	Name and Title:	
Address:			
rum osg.	1606 King Street #15 Jacksonville, FI 32204		
	<u> </u>		
	itle: Donte' D. Collins-Secretary	_ Name and Title:	
Address:	3214 Sunnybrook Ave S	Address:	
	Jacksonville, Fl 32254		
			
ARTICLE VI	REGISTERED AGENT	£44 : :-	
Name:	rida street address (P.O. Box NOT acceptable) o Nicole Jackson	r me registeren agent is	i: •
Address:	3214 Sunnybrook Ave S		<u>></u>
Addi Cas.	Jacksonville, Fl 32254	-	
	MACANIE III - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-	E S E S
			က် က် က်
ARTICLE VII	INCORPORATOR		Service Control of the Control of th
	dress of the Incorporator is:		TO A TY
Name:	Nicole Jackson	_	
Address:	3214 Sunnybrook Ave S Jacksonville, Fl 32254		
	Jacksonville, Fl 32234		6F 39
		_	➣
Having been nam	ed as registered agent to accept service of proc	ess for the above state	ed corporation at the place designated in this
certificate, I am fa	miliar with and accept the appointment as registe	red agent and agree to	act in this capacity
Aine	\sim /		
1/ like	Wallson		3/10/2011
/	Required Signature of Registered Agent		Date
/			Calaa in Canaa ati aa aa kaasista diina aa da aa
	ment and affirm that the facts stated herein are t of State constitutes a third degree felony as provi		
w ine Department	oj suue consumies a inira aegree jeiony as provu 	wu jur in 8.01 /.133, F.	
1/ jives	See Marie		3/10/2011
i junce	Required Signature of Incorporator		3/10/201/
/	C Required Signature of Incorporator		Date