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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6-27-11

COVER LETTER

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

SUBJECT: TriStrands 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: Leslie D. Jones

Name (Printed or typed)

704 Chesswood Ct

Address

Saint Johns, FL 32259

City, State & Zip

904 673-9816

704 Chesswood Ct Telephone number

tristrandsacademy@gmail.com

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

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TALLAHASSEE, FL
SECRETARY OF STATE

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: TriStrands Academy, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

704 Chesswood Ct

Saint Johns, FL 32259

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Academic administration and guidance for home schooled students and their families.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by the Registered Agent and/or the Incorporator

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leslie D. Jones

Address: 704 Chesswood Ct.

Saint Johns, FL 32559

Name and Title: Keith A. Jones

Address: 704 Chesswood Ct.

Saint Johns, FL 32559

Name and Title: Samuel A. Jones

Address: 704 Chesswood Ct.

Saint Johns, FL 32559

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Leslie D. Jones

Address: 704 Chesswood Ct.

Saint Johns, FL 32559

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Keith A. Jones

Address: 704 Chesswood Ct.

Saint Johns, FL 32559

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

Leslie D Jones

Required Signature of Registered Agent

Leslie D. Jones

6-20-2011

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.

Keith A Jones

Required Signature of Incorporator

Keith A. Jones

6/20/2011

Date

2011 JUN 23 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA