

N/11000008945

(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:

Office Use Only



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FILING CANCELLED
RETURNED CHECK

09/22/11--01001--012 **70.00

RECEIVED

11 SEP 21 PM 4:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 SEP 21 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 09/21/11

COVER LETTER

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

SUBJECT: LATMA Christian 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: Emily Spencer
Name (Printed or typed)

491 SW Captain Brown Rd
Address

Madison FL 32346
City, State & Zip

850 973 2359
Daytime Telephone number

ileadtheway@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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

FILING CANCELLED
RETURNED CHECK

ARTICLE I NAME

The name of the corporation shall be: LATMA Christian Academy, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

491 SW Captain Brown Rd
Madison, FL 32340

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide assistance to the economically, socially, mentally, and academically disadvantaged. The functions of the organization shall include a Christian school, counselling sessions, social activities, fundraising activities, and support to individuals and families who are in some way lacking the resources

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed according to the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Principal

Name and Title: Emily Spencer, President
Address: 491 SW Captain Brown Rd
Madison, FL 32340

Name and Title: Nathaniel Olliff, Sec
Address: 491 SW Capt'n Brown Rd
Madison, 32340

Name and Title: Carlissa Moore, VP
Address: 491 SW Captain Brown Rd
Madison 32340

Name and Title: _____
Address: _____

Name and Title: Emma Hart, Treas
Address: 491 SW Captain Brown Rd
Madison 32340

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: Emily Spencer
Address: 491 SW Captain Brown Rd
Madison, FL 32340

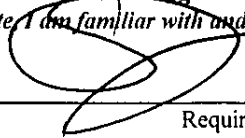
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emily Spencer
Address: 491 SW Capt'n Brown Rd
Madison, FL 32340

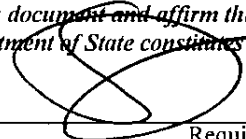
FILED
11 SEP 21 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


Required Signature of Registered Agent

9/21/11
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.


Required Signature of Incorporator

9/21/11
Date

need to function successfully in today's society