

N12000001016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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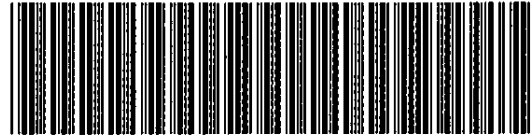
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: DUA 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: Asjad Khan
Name (Printed or typed)

16506 Whispering Trace Court
Address

Fort Myers, FL 33908
City, State & Zip

239-848-8658
Telephone number

asjadkhan@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)

ARTICLE I NAME

The name of the corporation shall be: DUA Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
16505 Whispering Trace Court
Fort Myers, FL 33908

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Charitable. Educational. Any purpose permitted to be exempt from taxation under Section 501(c) or 501(d) of the United States Internal Revenue Code, as now in or hereafter amended. Any purpose that would qualify for tax-deductible gifts under Section 170(c) of the United States Internal Revenue Code, as now or hereafter amended.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The Directors will be appointed by a vote of the majority of the Initial Directors. Each appointment will be valid for one calendar year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Asjad Khan
Address: 16506 Whispering Trace Court
Fort Myers, FL 33908

Name and Title: _____
Address: _____

Name and Title: Ibrahim Lambat
Address: 4370 Lazio Way
Apt 806
Fort Myers, FL 33901

Name and Title: _____
Address: _____

Name and Title: Syed Ahmed Ali Khan
Address: 16511 Whispering Trace Court
Fort Myers, FL 33908

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

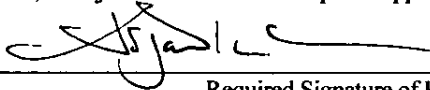
Name: Asjad Khan
Address: 16506 Whispering Trace Court
Fort Myers, FL 33908

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Asjad Khan
Address: 16506 Whispering Trace Court
Fort Myers, FL 33908

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

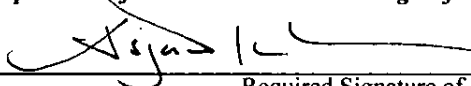


Required Signature of Registered Agent

January 23, 2012

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

January 23, 2012

Date