

N12000007504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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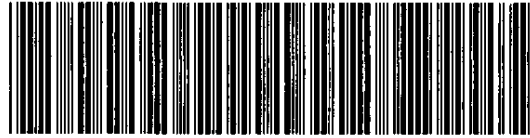
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Ps 8/2/12

COVER LETTER

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

SUBJECT: MACEDONIA EARLY CHILDHOOD DEVELOPMENT CENTER, 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: JEROME WILLIAMS

Name (Printed or typed)

819 SE BAHAMA AVENUE

Address

STUART, FL 34994

City, State & Zip

772-879-9720

Daytime Telephone number

Smack@gandgcpas.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:

MACEDONIA EARLY CHILDHOOD DEVELOPMENT CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

819 SE BAHAMA AVE
STUART, FL 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- The organization is organized exclusively to provide care to children away from their homes to enable individuals to be gainfully employed within the meaning of section 501(k) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The manner in which the directors are elected or appointed is provided in the bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEROME WILLIAMS (DIRECTOR)
Address: 821 SE BAHAMA AVENUE
STUART, FL 34994

Name and Title: _____
Address: _____

Name and Title: CHANDRA TAYLOR (DIRECTOR)
Address: 828 SE NASSAU AVE
STUART, FL 34994

Name and Title: _____
Address: _____

Name and Title: ALBERT COOPER (DIRECTOR)
Address: 906 S. E. 9TH STREET
STUART FL 34994

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

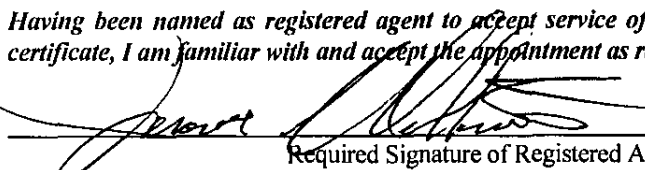
Name: JEROME WILLIAMS
Address: 819 SE BAHAMA AVENUE
STUART, FL 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEROME WILLIAMS
Address: 819 SE BAHAMA AVENUE
STUART, FL 34994

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

7/30/2012
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

7/30/2012
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG - 1 PM 1:08

MACEDONIA EARLY CHILDHOOD DEVELOPMENT CENTER, INC.

ARTICLES OF INCORPORATION CON'T

ARTICLE VIII: Provision for Dissolution:

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.