

N13000004485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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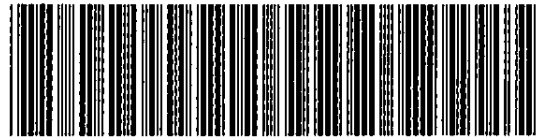
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAY 14 PM 1:33
TALLAHASSEE, FLORIDA

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13 MAY 14 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/14/13

COVER LETTER

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

SUBJECT: ITNOA Educational Culture 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: Rahman Ali
Name (Printed or typed)

1023 N. Liberty St.
Address

Jacksonville, FL 32206
City, State & Zip

(904) 537-3846
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAY 14 PM 2:04

FILED

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: ITNOA Educational Culture Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1023 N. Liberty St.
Jacksonville, FL 32206

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Culture and education.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors are appointed bi-annually by the President.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT - Rahman Ali
Address: 1023 N. Liberty St.
Jacksonville, FL 32206

Name and Title: Director - Rahman E. Ali
Address: 1023 N. Liberty St.
Jacksonville, FL 32206

Name and Title: Vice President - Rineta Phillips
Address: 1023 N. Liberty St.
Jacksonville, FL 32206

Name and Title: Director
Address: _____

Name and Title: Director - Ed' Ron R. Grant
Address: 1023 N. Liberty St.
Jacksonville, FL 32206

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: Rahman Ali
Address: 1023 N. Liberty St.
Jacksonville, FL 32206

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rahman Ali
Address: 1023 N. Liberty St.
Jacksonville, FL 32206

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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

Rahman Ali

Required Signature of Registered Agent

05/14/13
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.

Rahman Ali

Required Signature of Incorporator

05/14/13
Date