

N13000010472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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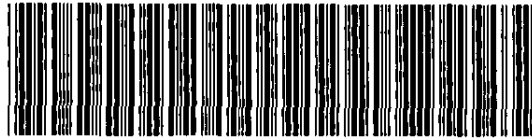
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
13 NOV 20 PM 12:54

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COVER LETTER

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

SUBJECT: Aia Community and Family Services, 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:

Adrian L. Ferguson
Name (Printed or typed)

110 Broadway St #166
Address

Tallahassee, Florida 32301
City, State & Zip

850-210-9217
Daytime Telephone number

aiaSVCS@gmail.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: Aia Community and Family Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

110 Broward St #106
Tallahassee, FL 32301

Mailing address, if different is:

PO Box 3227
Tallahassee, Florida
32315-3227

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: offer services of supported employment, vocational evaluation, and adult basic education /ged family literacy in the community. The second component is to offer education to immigrants seeking education and understanding of American History/Civics and English necessary to obtain American citizenship and gainful employment.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by the President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adrian Ferguson, Pres Name and Title: _____

Address: 110 Broward St #106 Address: _____

Mailing

PO Box 3227 Talla., 32315
Talla., FL 32301

Name and Title: Uchechukwu Anyanwa VP Name and Title: _____

Address: 110 Broward St #106 Address: _____

Talla., FL 32301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 NOV 20 PM 12:55

APPROVED
FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED

13 NOV 20 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name:

Address:

Adrian L. Ferguson
110 Broward St #106
Tallah, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Adrian L. Ferguson
110 Broward St #106
Tallahassee, FL 32301

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

Adrian L. Ferguson
Required Signature of Registered Agent

11/20/2013
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.

Adrian L. Ferguson
Required Signature of Incorporator

11/20/2013
Date