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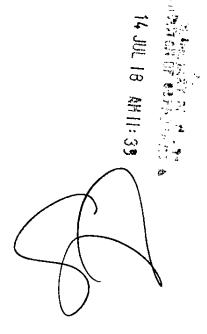
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COVER LETTER

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

SUBJECT: LOGOS HOMESCHOOL 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

ì

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: FLORENCE HOFMAN

Name (Printed or typed)

751 OLIVIA COURT

Address

FORT WALTON BEACH, FL 32547

City, State & Zip

(850) 796-0949

Daytime Telephone number

HUSKERHOFMAN@COX.NET

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 The name of	I NAME LOGOS HON	MESCHO	OOL ACADEMY INC	***
<u>ARTICLE</u>	*		14 JUL 18 MMI	
24	Principal <u>street</u> address: 401 PARTIN DRIVE NORTH	<u>_</u>	Mailing address, if different is: P.O. BOX 719	· 39
NICEVILLE, FLORIDA 32578		3 I	NICEVILLE, FLORIDA 32588	
0	KALOOSA COUNTY, FL, U	ISA	N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
EXCLUS	e for which the corporation is organized is: LC	RPOSES.	MESCHOOL ACADEMY IS ORGATHE MISSION IS TO BLEND CLAS	SSICAL
		 	PPORT NETWORK FOR CHRI	
			WE PROVIDE CURRICULUM	I AND
ACCO	UNTABILITY FOR ALL THO	DSE WE	SERVE.	<u>,</u>
ARTICLE FOR IN	THE BYLAWS		the directors are elected and appointed: AS PRO	OVIDED
Name and T	itle:VICE CHAIR/PRESIDENT: DIA BOBB	Name and Ti	TREASURER: FLORENCE HOFMAN	
Address	437 CARDINAL AVE	Address:	751 OLIVIA COURT	
	FORT WALTON BEACH, FLORIDA 32548		FORT WALTON BEACH, FLORIDA 32547	
Name and T	SECRETARY: KELLEY LINN	Name and Ti	BOARD MEMBER AT LARGE: JENNIFER WINEBRENER	
Address	12 WEDGEWOOD LANE	Address:	1651 NORTHRIDGE ROAD	
	FORT WALTON BEACH, FLORIDA 32547		NICEVILLE, FLORIDA 32578	
Name and T	itle:		tle:	

Name and Title: Name and Title: Address ____ Address: 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: FLORENCE HOFMAN Name: 751 OLIVIA COURT Address: FORT WALTON BEACH, FLORIDA 32547 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: FLORENCE HOFMAN Name: 751 OLIVIA COURT Address: FORT WALTON BEACH, FLORIDA 32547 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 7-16-14 Date Required Signature of Registered Agent Florence L. Hofman
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 7-16-14