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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAW OFFICE OF LARRY WANG, LLC

Account Number : I20130000086
Phone : (904)217-4514
Fax Number : (866)230-6060

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March 25, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAW OFFICE OF LARRY WANG, LLC

SUBJECT: EUNICE CHRISTIAN PRIVATE SCHOOL OF DUVAL COUNTY, INC.

REF: W14000018925

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica & Fason Regulatory Specialist II FAX Aud. #: H14000068206 Letter Number: 314A00006395

> 14 MAR 2.5 AM 11: 30 Secretary of State

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of	I NAME the corporation shall be: Eunice Christia	
ARTICLE	<u> I PRINCIPAL OFFICE</u>	
36	Principal <u>street</u> address: 636 Hemlock Street	Mailing address, if different is: P.O. Box 26157
<u>J</u>	acksonville, FL 32218	Jacksonville, FL 32226
	m purpose operation is organized is: Operatudents.	eration of educational private school for home
<u>-</u>		
DOWNER OF	T WARD OF THE BOTTON (17)	
		ner in which the directors are elected and appointed:
		ner in which the directors are elected and appointed:
ndividuals	are nominated by the appropriate class of mer	mbers and then are voted upon by eligible members.
ndividuals	are nominated by the appropriate class of mer V INITIAL OFFICERS AND/OR DIRE	crors
RTICLS	ere nominated by the appropriate class of mer V INITIAL OFFICERS AND/OR DIRE itle: Robin Miness, President N	crors
dividuals RTICLS Ime and Ti	ere nominated by the appropriate class of mer V INITIAL OFFICERS AND/OR DIRE itle: Robin Miness, President N 3636 Hemlock Street	Address: Jacksonville, FL 32216
ATTCLE	ere nominated by the appropriate class of mer V INITIAL OFFICERS AND/OR DIRE itle: Robin Miness, President N	crors
RTCLE ame and Ti	w INITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF THE S	Address: Jacksonville, FL 32216
ARTICLE ame and Ti	w UNITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF THE S	Name and Title: Shelby Weeks, Sec
ARTICLE ame and Ti	w INITIAL OFFICERS AND/OR DIRECTION OF THE STATE OFFICERS AND/OR DIRECTION OF THE STATE OF THE S	Address: Shelby Weeks, Sec 7174 Ridgeglen Court
ARTICLE ame and Ti	w UNITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF THE S	Name and Title: Shelby Weeks, Sec
ARTICLE dame and Ti	w INITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF THE S	Address: Shelby Weeks, Sec 7174 Ridgeglen Court Jacksonville, FL 32216 Jacksonville, FL 32216 Jacksonville, FL 32216
ARTICLE iame and Ti ddress ame and Ti	w INITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF THE S	Address: Shelby Weeks, Sec Jacksonville, FL 32216 Jacksonville, FL 32216
ARTICLE iame and Ti ddress	w INITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF THE S	Address: Shelby Weeks, Sec Jacksonville, FL 32216 Jacksonville, FL 32216

Name and Title:_	N	Name and Title:	
Address _	/	Address:	
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Name and Title:_		Name and Title:	<u></u>
Address	/	Address:	
		·	
		· · · · · · · · · · · · · · · · · · ·	
	REGISTERED AGENT orida street address (P.O. Box NOT accepts	able) of the registered agent is:	
Name:	ROBIN MINESS		
Address:	3636 HEMLOCK STR	EFT	
	JACKSONVILLE, FL 3221	<u>8</u>	
	INCORPORATOR dress of the Incorporator is:		
Name:	LARRY WANG		
Address:	100 STATE ROAD 13 N	, STE C	
	FRUIT COVE, FL 32259		
Having been nam certificate, I gin fi	eth as registered agent to accept service of milionwith and accept the appointment as r	process for the above stated corporegistered agent and agree to act in t	ration at the place designated in this his capacity
_ 10	la mineis		3/20/14
	Required Signature of Registered Ap	gent	Date
I submit this docu to the Department	ment and affirm that the facts stated Herein of State constitutes a thipd degree felony as	are true. I am aware that any false i provided for in x.817.155, F.S.	Information submitted in a document
	<i></i>	2	3/20/14
	Required Signature of Incorpor	rator	Date
			T4 MAR 25 SECRETARY VLLAHASSEE
			MAR 25 A
			SSEL SSEL
			P. S. F.
			AH II: 38
			5m 6