

W/50000 2/05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

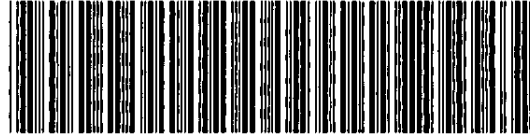
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400269332144

02/13/15--01024--018 **78.75

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15 FEB 26 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 2 - 2015

S. GILBERT

W/5-11774



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2015

BRANCHES ACADEMY INC
1942 HORSE SHOE BEND ROAD
DUNEDIN, FL 34698

SUBJECT: BRANCHES ACADEMY, INC.
Ref. Number: W15000011776

We have received your document for BRANCHES ACADEMY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 015A00003377

COVER LETTER

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

SUBJECT: Branches 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
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Branches Academy, Inc.
Name (Printed or typed)

1942 Horse Shoe Bend Rd
Address

Dunedin, FL 34698
City, State & Zip

727-560-3545
Daytime Telephone number

Kim poice@verizon.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2015

BRANCHES ACADEMY INC
1942 HORSE SHOE BEND ROAD
DUNEDIN, FL 34698

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Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 015A00003377

15 FEB 26 AM 9:24
JAN 20 2015

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

ARTICLE I NAME

The name of the corporation shall be: Branches Academy, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1942 Horse Shoe Bend Rd
Dunedin, FL 34698

Mailing address, if different is:

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15 FEB 26 AM 11:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Private School dedicated to natural learning.
We help children learn to reach their own potential,
including children who have dropped out of the
traditional school system. We encourage
individual responsibility, accountability and
Career direction

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by lead coach

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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:

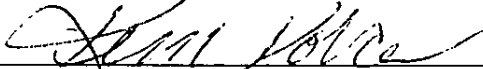
Name: Kimberley Poice
Address: 1942 Horse Shoe Bend Rd
Dunedin, FL 34698

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kimberley Poice
Address: 1942 Horse Shoe Bend Rd
Dunedin, FL 34698

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

2-10-15
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

2-10-15
Date