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(Address)

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(City/State/Zip/Phone #)

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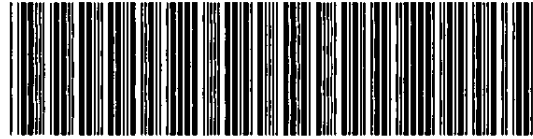
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Kollege Kampus, 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: Dr. Sarah Caruthers-Jackson

Name (Printed or typed)

P. O. Box 12354

Address

Jacksonville, Florida 32209

City, State & Zip

(904) 765-2707

Daytime Telephone number

kollege1@comcast.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

May 21, 2015

DR. SARAH CARUTHERS-JACKSON
P.O. BOX 12354
JACKSONVILLE, FL 32209

SUBJECT: KOLLEGE KAMPUS, INC.
Ref. Number: W15000036143

We have received your document for KOLLEGE KAMPUS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 915A00010775

COVER LETTER

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

SUBJECT: Kollege Kampus, 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: Dr. Sarah Caruthers-Jackson
Name (Printed or typed)

1517 Ribault Se. Dr.
Address

Jacksonville, FL 32208
City, State & Zip

(904) 868-6578
Daytime Telephone number

Kollege 1@ ComCast.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 I NAME

The name of the corporation shall be: Kollege Kampus, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1517 Ribault Scenic Drive

Jacksonville, Florida 32208

Mailing address, if different is:
P.O. Box 12354

Jacksonville, Florida 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To tutor students free of charge from pre-K to Ph.D. Degree. Over the years
there has never been a charge and there never will be a charge. Some teachers volunteer their services to the students when needed.

These students have been family and community students,

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected by the Board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Sarah Caruthers-Jackson, Owner/Chairperson Name and Title: _____

Address: 1517 Ribault Scenic Drive Address: _____
Jacksonville, Florida 32208

Name and Title: Ms. Tavera Hayes -Secretary Name and Title: _____

Address: 4238 Santee Road Address: _____
Jacksonville, Florida 32209

Name and Title: Mr. Jarvis Corbitt-Treasurer Name and Title: _____

Address: 1591 Brook Forest Drive Address: _____
Jacksonville, Florida 32209

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 JUN - 1 AM 9:49

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Sarah Caruthers-Jackson

Address: 1517 Ribault Scenic Drive
Jacksonville, Florida 32208

ARTICLE VII INCORPORATOR

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

Name: Dr. Sarah Caruthers-Jackson

Address: 1517 Ribault Scenic Drive
Jacksonville, Florida 32208

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 20, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dr. Sarah Caruthers-Jackson
Required Signature of Registered Agent

May 18, 2015
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.

Dr. Sarah Caruthers-Jackson
Required Signature of Incorporator

May 18, 2015
Date