

N15000010075

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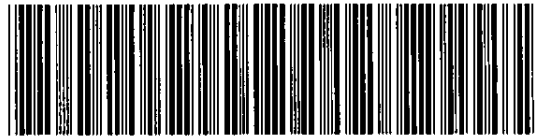
(Business Entity Name)

(Document Number)

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15 OCT 15 PM 4:29

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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TE 10/15/15

COVER LETTER

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

SUBJECT: LAKE JACKSON EDUCATIONAL Youth 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: Gregory E. Gathers
Name (Printed or typed)

Post Office Box 12663
Address

Tallahassee, FL 32317
City, State & Zip

850-847-1960
Daytime Telephone number

gegathers@hotmail.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: LAKE JACKSON EDUCATIONAL Youth Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3840 North Monroe St.
Suite 304
Tallahassee, Fl. 32303

Mailing address, if different is:

P.O. Box 12663
Tallahassee, Fl. 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: After school tutoring,
Home Work Center, Adolescent Academics.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Appointed by Registered Agent.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory Gathers, President
Address: 3631 Fred George Ct.
Tallahassee, Fl. 32303

Name and Title: Mindy Salvo
Address: 5607 Longknife Ct.
Tallahassee, Fl. 32317

Name and Title: Jo Gathers, Vice-Pres.
Address: 3631 Fred George Ct.
Tallahassee, Fl. 32303

Name and Title: Dale Washington, Jr. Off.
Address: 5607 Longknife Ct.
Tallahassee, Fl. 32317

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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: Gregory E. Gathers
Address: 3631 Fred George Ct.
Tallahassee, Fl. 32303

SECRET
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

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

Name: Gregory E. Gathers
Address: 3631 Fred George Ct.
Tallahassee, Fl. 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Gregory E. Gathers
Required Signature of Registered Agent

10/15/15
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.

Gregory E. Gathers
Required Signature of Incorporator

10/15/15
Date