

N 160000001468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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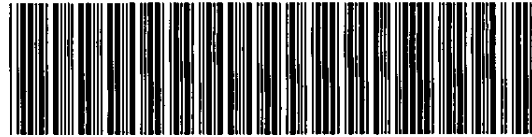
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

16 FEB 15 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gf 2/15/16

will 2/8/16

COVER LETTER

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

SUBJECT: Dream Chasers 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: Artis Gandy
Name (Printed or typed)

P.O. Box 104
Address

Jennings, FL 32053
City, State & Zip

(386) 205-7697
Daytime Telephone number

DreamChasersAcademy@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB 15 PM 12:42

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AND
FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2016

ARTIS GANDY
P.O. BOX 104
JENNINGS, FL 32052

SUBJECT: DREAM CHASERS ACADEMY
Ref. Number: W16000008586

RECEIVED
DEPARTMENT OF STATE
16 FEB 15 PM 12:45

We have received your document for DREAM CHASERS ACADEMY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The documents submitted is for the "ELECTRONIC FILING PROCESS" and is not acceptable for submitting by mail.

We are enclosing the proper form(s) with instructions for your convenience.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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: 316A00002416

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
16 FEB 15 PM 12:42

APPROVED
AND
FILED

I Artis L. Gandy acknowledge the dissolution of Dream Chasers Academy , LLC. The document number for this LLC is L15000213850. I do not intend to revoke the dissolution of this limited liability company.



Artis L. Gandy

APPROVED
AND
FILED

16 FEB 15 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Dream Chasers Academy INC.

ARTICLE II PRINCIPAL OFFICE

16 FEB 15 PM 12:42

Principal street address:

Mailing address, if different:

P.O. Box 104 Berry St

Jennings Fl 32053

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Purpose of Dream Chasers Academy INC.
is to positively impact the youth. We will apply a hands on
approach in working with our youth to emphasize the importance
of education and positive lifestyle choices.

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

Delegation by founder/President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Artis Gandy Name and Title: _____

Address: P.O. Box 104 Address: _____

Jennings Fl 32053

Name and Title: ~~Vice President Chawanda~~ Name and Title: _____

Address: _____ Address: _____

Name and Title: VP Chawanda Anderson Name and Title: _____

Address: P.O. Box 104 Address: _____

Jennings Fl 32053

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: P.O. Box 104 Artis Gandy

Address: Jennings, Ft 1344 Berry St
Artis Gandy Jennings Fl 32053

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Artis Gandy

Address: P.O Box 104
Jennings Fl 32053

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

Required Signature of Registered Agent

15 Feb 16

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

15 Feb 16

Date