

# N16000005129

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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☐ MAIL

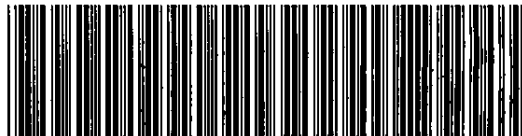
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE FLORIDA

VH

## COVER LETTER

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

SUBJECT: St. Johns River Classical 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: Amy Miller  
Name (Printed or typed)

1575 Island Breeze Point  
Address

Fleming Island, FL 32003  
City, State & Zip

904. 264. 8850  
Daytime Telephone number

amy.e.miller1@gmail.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: St. Johns River Classical Academy Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1575 Island Breeze Point

Fleming Island, FL 32003

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide charitable and educational services through the operation of one or more charter schools within the state of Florida.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Amy Miller Director

Address: 1575 Island Breeze Pt.  
Fleming Island, FL  
32003

Name and Title: Alan Stevenson, Director

Address: 3091 Winged Foot Circle  
Green Cove Springs, FL  
32043

Name and Title: Diane Hutchings Director

Address: 2830 Grande Oaks Way  
Fleming Island, FL 32003

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Amy Miller

Address: 1575 Island Breeze Pt.  
Fleming Island, FL 32003

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Amy Miller

Address: 1575 Island Breeze Pt.  
Fleming Island, FL 32003

**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*

Amy Miller  
Required Signature of Registered Agent

5-10-16  
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.*

Amy Miller  
Required Signature of Incorporator

5-10-16  
Date