

N160000005764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

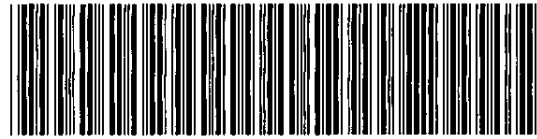
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/16--01031--009 **78.75

FILED
16 JUN -6 PM 4:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Culligan

JUN -7 2016

COVER LETTER

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

SUBJECT: MEYGA LEARNING CENTER, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Please ^①cancel fictitious name and use name to incorporate new corporation.

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: Nicole S. Dandridge, Esq.

Name (Printed or typed)

180 NW 62 Street

Address

Miami, FL 33150

City, State & Zip

305.401.7638

Daytime Telephone number

meygaceo@yahoo.com

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

RECEIVED

16 JUN -6 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 16, 2016

NICHOLE S. DANRIDGE, ESQ.
180 NW 62 STREET
MIAMI, FL 33150

SUBJECT: MEYGA LEARNING CENTER, INC.
Ref. Number: W16000035564

We have received your document for MEYGA LEARNING CENTER, 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):

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.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 316A00010261

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

ARTICLE I NAME

The name of the corporation shall be: MEYGA LEARNING CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6304 NW 14 Avenue

MIAMI, FL 33147

Mailing address, if different is:
1466 NW 62 Street

MIAMI, FL 33142

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for educational and charitable purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The specific purpose of the organization is to
promote the well being of underserved youth and families by inspiring and empowering them to be self-sufficient and
by providing activities and a core curriculum to meet the goals and objectives of participants through mentoring, behavior
modification, conflict resolution, self-enhancement, job readiness, recreational activities, and events.

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

method of election of directors is stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: QUARTERMAN, SAMANTHA, ED

Address: 6304 NW 14 AVENUE
MIAMI, FL 33147

Name and Title: Jackson, Marvin, Pres

Address: 6304 NW 14 AVENUE
MIAMI, FL 33147

Name and Title: BELLAMY, JOAN, Sec

Address: 6304 NW 14 AVENUE
MIAMI, FL 33147

Name and Title: Santangelo, Pat, Treas

Address: 6304 NW 14 AVENUE
MIAMI, FL 33147

Name and Title: Mayor, Doug, VPres

Address: 6304 NW 14 AVENUE
MIAMI, FL 33147

Name and Title: _____

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: QUARTERMAN, SAMANTHA

Address: 6304 NW 14 Avenue
MIAMI, FL 33147

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: QUARTERMAN, SAMANTHA

Address: 6304 NW 14 Avenue
MIAMI, FL 33147

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

16
Required Signature of Registered Agent

4/15/2016
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.

16
Required Signature of Incorporator

4/15/2016
Date

ARTICLE IX DISSOLUTION

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501c3 of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.