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S. GILBERT

COVER LETTER

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

SUBJECT: THE PRESLEY LEARNING CENTER

(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: GLYNESE S. PRESLEY

Name (Printed or typed)

18105 ASHTON PARK WAY

Address

TAMPA, FLORIDA 33647

City, State & Zip

(813)991-9002

Daytime Telephone number

glynesepresley@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: THE PRESLEY LEARNING CENTER INC

ARTICLE II - PRINCIPAL OFFICE

Principal street address:
18105 ASHTON PARK WAY
TAMPA, FLORIDA 33647

Mailing address, if different is:

16 JUL - 7 AM 11:01
TALLAH. 33
FLORIDA

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE OF THE CORPORATION IS TO PROVIDE AND
ENHANCE THE EDUCATIONAL GROWTH, RELIGIOUS DEVELOPMENT, SOCIAL SKILLS, COMMUNITY
INVOLVEMENT, AND OTHER SKILLS THAT WOULD INFLUENCE THE ACADEMIC GROWTH AND
DEVELOPMENT OF PARTICIPATING INDIVIDUALS.

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

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IDRISSA PRESLEY-PETERSON, PRESI

Address: 18105 ASHTON PARK WAY
TAMPA, FLORIDA 33647

Name and Title: BERNICE D. PRESLEY, O

Address: POST OFFICE BOX 402
LAKE CITY, FLORIDA 32056

Name and Title: CORDEZ KING, DIRECTOR

Address: 18105 ASHTON PARK WAY
TAMPA, FLORIDA 33647

Name and Title: TONY WILLIAMS. O

Address: 14099 BELCHER ROAD SOUTH #11
LARGO, FLORIDA 33771

Name and Title: MICHELE PRESLEY, O

Address: POST OFFICE BOX 402
LAKE CITY, FLORIDA 32056

Name and Title: GLYNNELL B. PRESLEY, O

Address: POST OFFICE BOX 402
LAKE CITY, FLORIDA 32056

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: GLYNESE S. PRESLEY
Address: 18105 ASHTON PARK WAY
TAMPA, FLORIDA 33647

ARTICLE VII INCORPORATOR

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

Name: GLYNESE S. PRESLEY
Address: 18105 ASHTON PARK WAY
TAMPA, FLORIDA 33647

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

7/4/16
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

7/4/16
Date