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SEC. OF STATE
TALLAHASSEE, FLORIDA

MOON

JAN 09 2017

COVER LETTER

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

SUBJECT: BOW IN THE CLOUD YOUTH AND FAMILY SERVICES, 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: Dr. Jacquelyn McMillan

Name (Printed or typed)

916 Paul Russell Road

Address

Tallahassee, Florida 32301

City, State & Zip

850-878-0085

Daytime Telephone number

jacquelyn720@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
JAN - 9 PM 6:24

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: BOW IN THE CLOUD YOUTH AND FAMILY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
916 Paul Russell Road

Tallahassee, Florida 32301

Mailing address, if different is:

916 Paul Russell Road

Tallahassee, Florida 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

[BCYFS] will provide faith-based enrichment activities: academics, education, life skills and character development.

BCYFS' vision is to expand to include Science, Technology, Engineering, & Mathematics services for youth growth and development.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Jacquelyn McMillan (Director)

Address: 916 Paul Russell Road
Tallahassee, FL 32301

Name and Title: Dr. Damon McMillan (Asst. Director)

Address: 916 Paul Russell Road
Tallahassee, FL 32301

Name and Title: Dr. Elijah R. Cole (Ministering Evangelist)

Address: 916 Paul Russell Road
Tallahassee, FL 32301

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA
17 JAN -9 PM 6:24

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: Dr. Jacquelyn McMillan
Address: 916 Paul Russell Road
Tallahassee, FL 323001

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ARTICLE VII INCORPORATOR

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

Name: Dr. Jacquelyn McMillan
Address: 916 Paul Russell Road
Tallahassee, FL 32301

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 days prior or 90 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

Jacquelyn McMillan
Required Signature of Registered Agent

01/07/2017
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.

Jacquelyn McMillan
Required Signature of Incorporator

01/07/2017
Date