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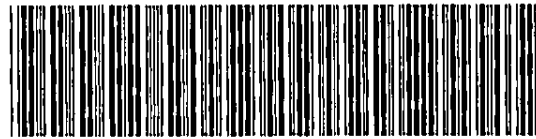
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## COVER LETTER

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

SUBJECT: A-1 Academics, 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: Patricia Bryant

Name (Printed or typed)

3216 17th Street

Address

Sarasota , FL 34235

City, State & Zip

(941) 702-5115

Daytime Telephone number

pbryant373@hotmail.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: A-1 Academics, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
3216 17th Street

Sarasota , FL 34235

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
to provide college preparation assistance and career guidance to Minority disadvantaged High school and middle school students.

\_\_\_\_\_  
The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

As set forth in the bylaws.

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

Name and Title: Patricia Bryant , President

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

Address 3216 17th Street

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

Sarasota , FL 34235

Name and Title: SUE MAGEE SECRETARY

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

Address 384 MONICA PKWY

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

SARASOTA, FLORIDA  
34234

Name and Title: MARTHA BRADLEY TREASURER

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

Address 311 21ST STREET WEST

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

PALMETTO, FLORIDA  
34221

17 AUG 22 PM 6:05

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: Patricia Bryant

Address: 3216 17th Street  
Sarasota , FL 34235

17 SEP 22 PM 4:00

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia Bryant

Address: 3216 17th Street  
Sarasota , FL 34235

*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*

Patricia Bryant  
Required Signature of Registered Agent

9/23/2016  
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.*

Patricia Bryant  
Required Signature of Incorporator

9/23/2016  
Date