

# N18000001556

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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18 FEB 12 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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18 FEB 12 PM 3:59  
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TALLAHASSEE, FLORIDA

FEB 12 2018  
T SCHROEDER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ACADEMY OF EXCELLENCE OF

NORTH FLORIDA, INC.

Signature \_\_\_\_\_

Requested by: BA

2/12/18

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Academy of Excellence of North Florida, 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:** Gillard S. Glover  
\_\_\_\_\_  
Name (Printed or typed)

95 Old Kings Road N.  
\_\_\_\_\_  
Address

Palm Coast, FL 32137  
\_\_\_\_\_  
City, State & Zip

(386) 446-5759  
\_\_\_\_\_  
Daytime Telephone number

gillardsglover1@aol.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: Academy of Excellence of North Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
95 Old Kings Road N

Palm Coast, FL 32137

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: as follows: (a) To operate exclusively for "charitable purposes" or "religious purpose" as those terms are defined and used in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and the regulations promulgated under section; and (b) To transact any or all other business in which a not-for-profit corporation may lawfully be engaged, in accordance with Chapter 617, Florida Statutes, and subsection (b) above.

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

as stated in the bylaws

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

Name and Title: Gillard S. Glover, Chairperson/President

Address: 95 Old Kings Road, N  
Palm Coast, FL 32137

Name and Title: William Mosley, Trustee

Address: 95 Old Kings Road, N  
Palm Coast, FL 32137

Name and Title: Betty D. Green, Trustee

Address: 95 Old Kings Road, N  
Palm Coast, FL 32137

Name and Title: Doug Milne, Trustee

Address: 95 Old Kings Road, N  
Palm Coast, FL 32137

Name and Title: Isaiah Harris, Trustee

Address: 95 Old Kings Road, N  
Palm Coast, FL 32137

Name and Title: Donald O'Brien, Trustee

Address: 95 Old Kings Road, N  
Palm Coast, FL 32137

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18 FEB 12 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Gillard S. Glover  
Address: 95 Old Kings Road, N  
Palm Coast, FL 32137

**ARTICLE VII INCORPORATOR**

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

Name: Gillard S. Glover  
Address: 95 Old Kings Road, N  
Palm Coast, FL 32137

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/09/2018. (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*

Gillard S. Glover

Required Signature of Registered Agent

02/09/2018

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.*

Gillard S. Glover

Required Signature of Incorporator

02/09/2018

Date

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