

N18000001556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

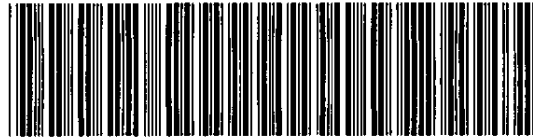
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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18 FEB 12 PM 3:59
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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.

- 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 _____

Signature _____

Requested by: BA

2/12/18

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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

Mailing address, if different is:

Palm Coast, FL 32137

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

Name and Title: William Mosley, Trustee

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

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

Name and Title: Betty D. Green, Trustee

Name and Title: Doug Milne, Trustee

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

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

Name and Title: Isaiah Harris, Trustee

Name and Title: Donald O'Brien, Trustee

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

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

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

FILED

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: 02/09/2018

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

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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TALLAHASSEE, FLORIDA