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COVER LETTER

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Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : **ॼ** \$78.75 \$70.00 **□**\$78.75 □ \$87.50 Filing Fee & Filing Fee Filing Fee Filing Fee, & Certified Copy Certificate of Certified Copy & Certificate Status ADDITIONAL COPY REQUIRED FROM: James Clark
Name (Printed or typed) 8715 Belle Rive Blyd Apt #3704

> ((82) 247-9240 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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



December 14, 2018

JAMAR CLARK 8715 BELLE RIVE BLVD APT #3704 JACKSONVILLE, FL 32256 US

SUBJECT: GAMETIME ACADEMY INC.

Ref. Number: W18000107750

We have received your document for GAMETIME ACADEMY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is.

L17000162731

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 318A00025695

Hello Ms. Sams,

My name is Jamar Clark and I am the founder of GameTime Academy. I was writing you to inform you that I want to dissolve the L.L.C. and have my company as a non-profit. I' am the same person who sent in the forms by mail and also who submitted an application online. The tracking number for my documents is 600321669146 and my pin # is 9146. If I could have this updated as soon as possible I would really appreciate that. Thank you for your time and I hope you have a happy holidays.

Thanks,

Jamar Clark

Founder/ C.E.O.

GameTime Academy

(682) 247-9240

gametimeacademybl@gmail.com

12/20/18

McClees-Sams, Nadira D.

From:

J Clark <gametimeacademybl@gmail.com>

Sent:

Friday, December 21, 2018 9:59 AM

To:

McClees-Sams, Nadira D.

Subject:

GameTime Academy transfer to Non-profit

EMAIL RECEIVED FROM EXTERNAL SOURCE ____

How are you doing Ms. Sams.

I just wanted to let you know that I just filled out the document online to have my L.L.C. dissolved. I also got refunded back from the first time I sent in the request to have my company transferred over to a nonprofit. If there is anything else that I need to do please let me know, thank you for your time and have a happy holidays.

Thanks.

Jamar Clark

Founder/CEO

GameTime Academy

(682) 247-9240

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

	·	•	FILED
The name of th	ne corporation shall be: Game.	line A	cadery Instruction FILED
<u>ARTICLE II</u>	PRINCIPAL OFFICE		SECONTAR ARTHUR
_9	Principal <u>street</u> address: 715 Belle Rive Blud Ap-	 376 4 <u>9</u>	SECRETARY OF STATE Mailing address, Indifferent SSEE, FLORIGHT 3704
7.	cksonville, FL 32256	. <u></u> .	Jacksonville, FL 32256
ARTICLE III			
		•	ofit corporation + shall be
Opera	ted exclusively for	educati	ional + Charitable purposes
WITHIN	the menning of Sec	tion 50	of (C)(3) of the Internal Revenue
	_		tion of any future Federal taxcod
		.,,	ristian Academy prep School
			epts. They involve how to
			Spirit tan elite education.
	MANNER OF ELECTION The manner		•
			In the by laws
			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>ORS</u>	
	c. James Clark/C.E.O.		
Address	8715 Belle Rive Blud Apris	64 _ Address:	569 Dasheill
	Jacksonville, FL 32256	-	Atlanta, GA 30349
Name and Titl	e: Matthew Johnson/	PName and Titl	le: Clinton Frazier/C.M.o
Address	18911 Portofino Dr.	Address:	3863 Chasing Falls Rd.
	Tampa, FL 33647		Orange Park, FL 32065
Name and Titl	e:	Name and Title	le:
Address		Address:	

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Name and Title:		Name and Title:	
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Name and Title:		Name and Title:	
Address _		Address:	
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The name and F		OT acceptable) of the registered agent is	2011 SE FAI
Name:	James Gar		2018 DEC 27 SEURETARY TALLAHASSI
Address:	8715 Belle Rive	•	C 27
	Jacksonville, Fl	_32256	Y OR
	INCORPORATOR ddress of the Incorporator is:		MII: 31
Name:	Jamar Clark		
Address:	8715 Belle Rive	BIVD Ap 1 # 3704	
	Jacksonville F	•	
Effective date, if	EFFECTIVE DATE: Sother than the date of filing: 12 late is listed, the date must be sp		ONAL) days prior or 90 days after the filing.)
	e inserted in this block does not metrive date on the Department of St		rements, this date will not be listed as the
Having been na. certificate, I am j	med as registered agent to accep familiar with and accept the appoi	t service of process for the above state intment as registered agent and agree to	rd corporation at the place designated in o act in this capacity
——	Required Signature of R	egistered Agent	12/7/18 Date
I submit this doc	ument and affirm that the facts st	ated herein are true. I am aware that at	ny false information submitted in a docur
	n of State constitutes a third degre	e felony as provided for in s.817.155, F	יטי
	it of State constitutes a third degre	ee jetony as providea jor in \$.817.155, P	17/-114