



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2019

KIERSTEN SIMON
70 CELESTIAL WAY, #203
JUNO BEACH, FL 33408

SUBJECT: PREVENTION ACADEMY, INC
Ref. Number: W19000021738

We have received your document for PREVENTION ACADEMY, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 519A00004611

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

19 MAR 25 AM 9:37

FILED

35

COVER LETTER

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

SUBJECT: Prevention Academy, 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: Kiersten Simon
Name (Printed or typed)

70 Celestial Way, #203
Address

Juno Beach, FL 33408
City, State & Zip

610-331-0899
Daytime Telephone number

kiersten63@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: Prevention Academy, Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>70 Celestial Way</u> <u>#203</u> <u>Juno Beach, Fl 33408</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide school-based prevention education to students and the adults who care for them in grades K-12.
By

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>John William Straughan, Jr. Chairman</u> Address: <u>245 Valley Brook Street</u> <u>Black Mountain, NC 28711</u>	Name and Title: _____ Address: _____ _____
Name and Title: <u>David Slye, Board Member</u> Address: <u>799 Highland Ave. Unit 1</u> <u>Needham, MA 02494</u>	Name and Title: _____ Address: _____ _____
Name and Title: <u>Kiersten Simon, Board Member</u> Address: <u>70 Celestial Way</u> <u>#203</u> <u>Juno Beach, Fl 33408</u>	Name and Title: _____ Address: _____ _____

SEE ATTACHED FORMS

19 MAR 25 AM 9:37

11:11 PM

2 of 2

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: Kiersten Simon
Address: 70 Celestial Way, #203
Juno Beach, Florida 33408

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is

Name: Kiersten Simon
Address: 70 Celestial Way, #203
Juno Beach, FL 33408

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 19, 2019 (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

Kiersten Simon

Required Signature of Registered Agent

2/19/19
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.

Kiersten Simon

Required Signature of Incorporator

2/19/19
Date