

N19000004537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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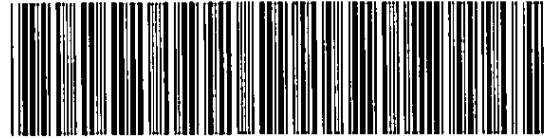
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MOON

MAY 01 2019

COVER LETTER

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

SUBJECT: Ever Increasing Kingdom of God 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: Doris Wilson
Name (Printed or typed)

3612 E. Mc Berry St.
Address

Tampa, FL 33610
City, State & Zip

813-965-8234
Daytime Telephone number

everincreasingkingdomacademy@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY
TALLAHASSEE, FL

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: Ever Increasing Kingdom of God Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3612 E. Mc Berry Street
Tampa, FL 33610

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate without profit a spiritual private school that will provide students with instructions in usual academic disciplines. Such instructions will be given in accordance with the academy's Philosophy of Education tenets of biblical kingdom taught faith in order that the students may grow in the grace and knowledge of God through our Lord and Savior Jesus the Christ

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Doris Wilson, P.D</u>	Name and Title:	<u>Genesis Wilson, ST.</u>
Address	<u>3612 E. Mc Berry St.</u> <u>Tampa, FL 33610</u>	Address:	<u>2303 Gordon Street</u> <u>Tampa, FL 33605</u>

Name and Title:	<u>Africa Wilson, SPD</u>	Name and Title:	
Address	<u>10007 N. 14th Street</u> <u>Apt - B</u> <u>Tampa, FL 33612</u>	Address:	
Name and Title:	<u>Joy Drayton, D</u>	Name and Title:	
Address	<u>6654 Verona Place</u> <u>Round Rock, Texas</u> <u>78665</u>	Address:	

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TALLAHASSEE
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: Doris Wilson

Address: 3612 E. Mc Berry St.
Tampa, FL 33610

ARTICLE VII INCORPORATOR

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

Name: Doris Wilson

Address: 3612 E. Mc Berry St.
Tampa, FL 33610

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

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


Required Signature of Registered Agent

4/11/2019
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.


Required Signature of Incorporator

4/11/2019
Date