

N190000004692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

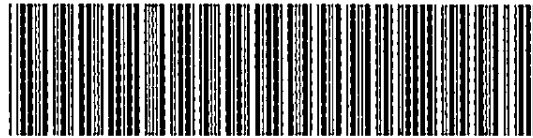
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/19--01036--002 **78.75

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19 APR 29 PM 4:27
MICHIGAN STATE
JULIUS ROBERTSON

COVER LETTER

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

SUBJECT: SPRINGS 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: DR. CHRISTIAN POPE

Name (Printed or typed)

1106 N ORANGE AVENUE

Address

GREEN COVE SPRINGS, FL 32043

City, State & Zip

904-284-3937

Daytime Telephone number

office@springsacademy.org

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: SPRINGS ACADEMY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1106 N ORANGE AVENUE

GREEN COVE SPRINGS, FL 32043

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide religious, charitable and educational services through the establishment, maintenance and operation of one or more Christian schools within the state of Florida, and all things related thereto.

Upon dissolution of this Corporation, all properties and assets remaining after payment, or provision for payment, of all debts and liabilities of the Corporation, including disposition of assets pursuant to any applicable contract or law applying to the school, shall be distributed to a non-profit fund, foundation, or corporation that is organized exclusively for charitable purposes, pursuant to Section 501(c)(3) of the Internal Revenue Code, or the corresponding provision in any future tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated in Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Christian Pope, Chairman

Address: 1106 N Orange Avenue
Green Cove Springs, FL 32043

Name and Title: Rachel Pope, Secretary

Address: 1106 N Orange Avenue
Green Cove Springs, FL 32043

Name and Title: Bobbie Todd, Director

Address: 1106 N Orange Avenue
Green Cove Springs, FL 32043

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
19 APR 29 PM 4:27
CLERK OF DISTRICT COURT
JACKSONVILLE, 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: Dr. Christian Pope
Address: 1106 N Orange Avenue
Green Cove Springs, FL 32043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dena Coelho
Address: 1106 N Orange Avenue
Green Cove Springs, FL 32043

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

4-25-19
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.



Required Signature of Incorporator

4-25-19
Date

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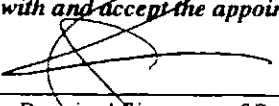
ARTICLE VIII EFFECTIVE DATE:

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