

N200000001736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

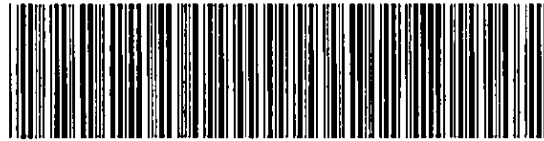
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700339888107

01/29/20--01006--013 ++87.50

20 JAN 29 PM 3:56  
FALLING  
N.Y.  
100

## COVER LETTER

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

**SUBJECT:** Academy of Learning Foundation, 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:** Jenifer Wilson McKee

\_\_\_\_\_  
Name (Printed or typed)

11002 133rd Street

\_\_\_\_\_  
Address

Largo, Florida 33774

\_\_\_\_\_  
City, State & Zip

727-542-0338

\_\_\_\_\_  
Daytime Telephone number

aolpreschool@gmail.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 Learning Foundation, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
555 40th Street North

St. Petersburg, Florida 33713

Mailing address, if different is:  
11002 133rd Street North

Largo Florida 33774

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Academy of Learning Foundation, Inc. is organized exclusively for charitable and educational services. (as stated in Section 501(c)(3) of the Internal Revenue Code and none of its earnings will inure to any private shareholder or individual.) Our purpose is to work with our community to provide quality early childhood experiences to children and families, including those of economic or social disadvantage.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The founding board will appoint the Board of Directors.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jenifer Wilson McKee, President

Address: 11002 133rd Street N.  
St. Petersburg, Florida 33774

Name and Title: Julia Jenifer McKee,

Address: 7777 131st St. N.  
Seminole, Florida 33776

Name and Title: Bryan Michael McKee

Address: 10190 Bahama Ct.  
Seminole, Fl. 33776

Name and Title: Patrick Christian McKee

Address: 11002 133rd St.  
Largo, Florida 33774

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Jenifer Wilson McKee  
Address: 11002 133rd Street North  
Largo, Florida 33774

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jenifer Wilson McKee  
Address: 11002 133rd St. North  
Largo, Florida 33774

**ARTICLE VIII EFFECTIVE DATE:** 01/01/2020

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*

Jenifer Wilson McKee  
Required Signature of Registered Agent

10/17/19  
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.*

Jenifer Wilson McKee  
Required Signature of Incorporator

10/17/19  
Date