

N21000002547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

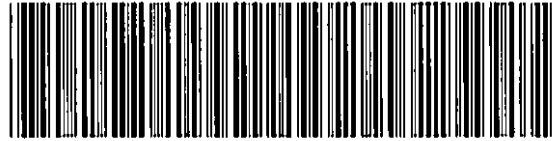
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2021 MAR -3 PM 1:50

2021 MAR -3 PM 1:50

COVER LETTER

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

SUBJECT: Master Caleb's Discovery Library 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: Valerie Stewart

Name (Printed or typed)

PO Box 180673

Address

Tallahassee Florida 32318

City, State & Zip

850.339.7512

Daytime Telephone number

brilliantlittleleaders@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: Master Caleb's Discovery Library Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1241 W. Tharpe Street

Tallahassee, Florida 32303

Mailing address, if different is:

PO Box 180673

Tallahassee, Florida 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide reading and learning opportunities for kids.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: In The By Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valerie Stewart - President

Address: PO Box 180673

Tallahassee, Florida 32318

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2021 MAR -3 PM 1:50

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: Valerie Stewart _____

Address: 1241 W. Tharpe Street _____

Tallahassee, Florida 32303 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Valerie Stewart _____

Address: PO Box 180673 _____

Tallahassee, Florida 32318 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 3, 2021 _____ (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

Valerie Stewart
Required Signature of Registered Agent

3/4/2021
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.

Valerie Stewart
Required Signature of Incorporator

3/4/2021
Date