

9/30/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

72100036611139

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

OCT 01 2021

J. SCOTT

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
WHITEDOVE ACADEMY FOR THE GIFTED, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: WHITEDOVE ACADEMY FOR THE GIFTED, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:1126 South Federal Highway

Mailing address, if different is:

Suite 433Fort Lauderdale, FL 33316**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Education center and schooling**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: _____DIRECTORS WERE ELECTED AT THE ANNUAL MEETING**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jason Miller, VPAddress: 1126 South Federal HighwaySuite 433Fort Lauderdale, FL 33316Name and Title: Michelle Newman - DirectorAddress: 1126 South Federal HwySuite 433Fort Lauderdale, FL 33316

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title: _____ Name and Title: _____ H21000366111 3

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1202 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe **name and address** of the incorporator is:

Name: Jason Miller

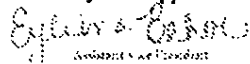
Address: 1126 South Federal Highway Suite 433

Fort Lauderdale, FL 33316

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

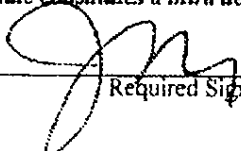
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

09/30/2021

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.

Required Signature of Incorporator

28 Sept 2021

Date