

N21000013113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

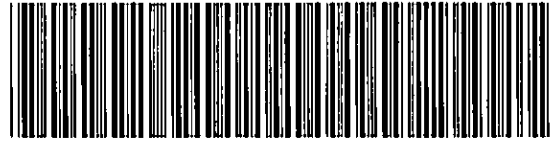
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2021 NOV 12 PM 4:30

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STATE OF FLORIDA

2021 NOV 15 PM 4:53

FILED

COVER LETTER

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

SUBJECT: The Howard Academy Vocational and Learning Center, Incorporated

(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: Melissa Howard

Name (Printed or typed)

145 2nd Street

Address

Monticello, FL 32344

City, State & Zip

850.524.6361

Daytime Telephone number

mrshoward1963@hotmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2021

MELISSA HOWARD
145 2ND STREET
MONTICELLO, FL 32344

SUBJECT: THE HOWARD ACADEMY VOCATIONAL AND LEARNING
CENTER, INC.
Ref. Number: W21000147053

We have received your document for THE HOWARD ACADEMY VOCATIONAL
AND LEARNING CENTER, INC. and your check(s) totaling \$87.50. However, the
enclosed document has not been filed and is being returned for the following
correction(s):

Article IV Manner of Election the manner the info is ^{not} complete/cut off

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00027685

TALLAHASSEE, FLORIDA

2021 NOV 15 PM 4:44

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

FILED

ARTICLE I NAME

The name of the corporation shall be: The Howard Academy Vocational and Learning Center, Inc.

2021 NOV 15 PM 4: 53

ARTICLE II PRINCIPAL OFFICE

Principal street address:
145 2nd Street

Monticello, FL 32344

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this request is to offer our vision to serve the community of Jefferson County, and all the surrounding counties in the Big Bend area: and present to its constituents a vocation and learning visior environment will service the community by operating at full capacity academic modules and courses of instruction. We will provide Vocational Training as well as a Development Center; providing on the job training modules, while constructing programs with a strong Core curriculum, incorporating programs of Arts & Music. Our purpose is to also partner with other philanthropic resources to support this vision, goal and objective. Most importantly our intent is to utilize this historic location as a cornerstone for long term academic research, educational programs and a safe place for our youth in terms of after school programs and tutoring.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Majority Vote Election

Majority Vote by Election Process

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mr. Pedro McKelvin, President

Address: 75 Avalon Side Road
Lamont, FL 32336

Name and Title: Mr. Terry Pressley, Project Director

Address: P.O. Box 417
Monticello, FL 32345

Name and Title: Mr. Toraino Owens, Treasurer

Address: 129 Henderson Road
Tallahassee, FL 32316

Name and Title: Mrs. Shirley Washington, Vice President

Address: 4 Alexander Road
Lamont, FL 32336

Name and Title: Mr. Richard Connell, Board Member

Address: 513 Blue Lake Road
Monticello, FL 32344

Name and Title: Melissa Howard, Secretary

Address: 703 Pinewoods Road
Monticello, FL 32344

Name and Title: Rev. Melvin Crawford, Liaison to Moderators 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: Mr. James Nelson, Registered Agent
 Address: 4206 Sierra Woods Trail
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa Howard
 Address: 703 Pinewoods Rd.
Monticello, FL 32344

ARTICLE VIII EFFECTIVE DATE:

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

James A. Nelson
 Required Signature of Registered Agent

11/12/21
 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.

Melissa M. Howard
 Required Signature of Incorporator

11/12/2021
 Date

FILED
 2021 NOV 15 PM 4:53
 DEPT. OF STATE
 TALLAHASSEE, FL