

P04000166351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

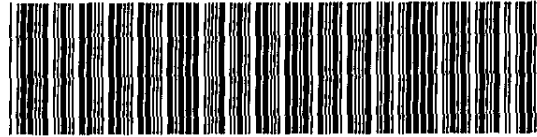
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILE  
NOTICE OF CONVENTIONS  
OFFICE OF THE SECRETARY  
TALLAHASSEE, FLORIDA

04 DEC 13 AM 9:45

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

THE GENIUS ACADEMY

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ ~~\$70.00~~ \$78.75 Filing Fee  
& Certificate of Status

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_

SHARON AMES-DONNARD  
Name (Printed or typed)

812 S. MARION STREET  
Address

TALLAHASSEE, FL 32301  
City, State & Zip

850-681-6610  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

THE GENIUS ACADEMY, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

812 S. MACOMB ST.  
TALLAHASSEE, FL 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

EDUCATIONAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

SHARON AMES-DENNARD PRESIDENT, 316 BARBOURVILLE DR  
TALLAHASSEE, FL 32301

DANA O. DENNARD V-P & TREASURER 316 BARBOURVILLE DR.  
TALLAHASSEE, FL 32301

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SHARON AMES-DENNARD  
316 BARBOURVILLE DR, TALL FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SHARON AMES-DENNARD  
316 BARBOURVILLE DR. TALL FL 32301

\*\*\*\*\*  
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

Signature/Registered Agent

Date

Signature/Incorporator

Date