

P07000107403

(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:

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07 SEP 27 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/27

COVER LETTER

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

SUBJECT: Akili Inc.

(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

☒ \$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: Jennifer Carter

Name (Printed or typed)

925 Crawfordville Trace

Address

Tallahassee, FL 32305

City, State & Zip

850-878-2029

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2007

JENNIFER CARTER
925 CRAWFORDVILLE TRACE
TALLAHASSEE, FL 32305

SUBJECT: AKILI INC.
Ref. Number: W07000046971

We have received your document for AKILI INC.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

Please return the corrected original and one copy of 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) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 807A00055745

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Akili Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

925 Crawfordville Trace

Tallahassee, FI 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Virtual Telephone Customer Service

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):

President/Director: Jennifer Carter

925 Crawfordville Trace

Tallahassee, FI 32305

ARTICLE VI REGISTERED AGENT

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

Jennifer Carter

925 Crawfordville Trace

Tallahassee, FI 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jennifer Carter

925 Crawfordville Trace

Tallahassee, FI 32305

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

Jennifer Carter
Signature/Registered Agent

9/26/07
Date

Jennifer Carter
Signature/Incorporator

9/26/07
Date

FILED
07 SEP 27 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA