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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special instructions to Filing Officer: |
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Office Use Only



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2009 JUL 27 P 4: 09
SECRETARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

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

| SUBJECT: | Saint Micheals Eduacational Academy, Inc | | |
|----------------------|--|---------------------------------------|--|
| - | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the artic | cles 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 CO | PY REQUIRED |
| FROM: | Yvette Munuz Name (Printed or typed) | | |
| | 1050 62 nd avenue South Address | | |
| | Saint Petersburg,FL 33711 City, State & Zip | | |
| _ | 202-590-8902 Daytime Telephone number | | |
| | Ymunoz@stmicheals.org E-mail address: (to be used for future annual report notification) | | |

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

ARTICLES OF EXCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Saint Micheals Educational Academy, Inc

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 1050 62nd ave south, Saint Petersburg, FI 33705

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Adult and Continuing Education

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):

Yvette Munoz , Director of operations
Tony Taylor, Director of Finance

1050 62nd Ave S. Saint Petersburg, FL 33705

ARTICLE VI REGISTERED AGENT

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

Jonathan Lollis

4075 00

1675 62nd ave South

Saint Petersburg, FL 33705

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Yvette Munoz 1050 62nd AVE s.

Saint Petersburg, FL 33705

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

7.20.209

Signature/Incorporator Date