

711000015965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

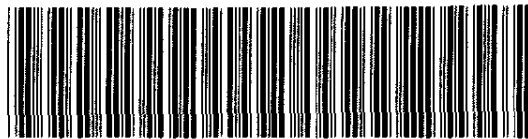
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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02/16/11--01010--013 **113.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 FEB 16 AM 11:19
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

SECRET
TALLAHASSEE 11:38

FILED

16 2011

COVER LETTER

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

SUBJECT: Johnny's Angels Enrichment Center 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: Desiree White
Name (Printed or typed)

847 Ridge Rd
Address

Tallahassee, FL 32305
City, State & Zip

850-575-5624
Daytime Telephone number

johnnysangelsinc@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 16 PM 11:38

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

February 3, 2011

To Whom It May Concern:

I Desiree White owner of Johnny's Angels Enrichment Center Inc Non-profit organization has no attentions of revoking the dissolution of the above. I wish release the name of this company.

Thank You


Desiree White

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Johnny's Angels Enrichment Center Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1773 Crawfordville Hwy
Crawfordville Florida 32327

Mailing address, if different is:

PO Box 7382
Tallahassee Florida 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose is to provide childcare and private school instruction.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO- Desiree White
Address: 847 Ridge Rd
Tallahassee Florida 32305

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Desiree White
Address: 847 Ridge Rd
Tallahassee Florida

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Desiree White
Address: 847 Ridge Rd
Tallahassee Florida

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/Registered Agent

2/16/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

2/16/11

Date

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TALLAHASSEE, FLORIDA