## P/2000050089

(Requestor's Name)				
· (Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

WIZ-28711



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FLORIDA DEPARTMENT OF STATE DILLANSSE, ROSSA Division of Corporations

May 23, 2012

LINDA L. NATTIEL 2049 NORTHEAST 15TH STREET GAINESVILLE, FL 32609

SUBJECT: DIVINE'S LEARNING ACADEMY

Ref. Number: W12000028711

We have received your document for DIVINE'S LEARNING ACADEMY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 712A00015114

## **COVER LETTER**

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

SUBJECT: DIVINE	S LEARNING ACADEMY		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM: LIN	IDA L. NATTIEL Nam	e (Printed or typed)	<del></del>
204	9 NORTHEAST 15TH STREET		
		Address	
<u>GA</u>	NESVILLE, FL 32609	, State & Zip	
352	.371.3301	, outc & Zip	
		Telephone number	<del></del>
Inatt	iel@bellsouth.net		
	E-mail address: (to be use	ed for future annual report n	otification)

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)

ARTICLE I NAME Divine's Learning Academy Inc. The name of the corporation shall be:					
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address	N	Mailing address, if different is:		
2	049 North East 15th St.				
- <u>G</u>	Sainesville, FL 32609				
<del>-</del>					
ARTICLE III	DITEDOSE				
	hich the corporation is organized is:				
Davcare Cent	ter working with children from infa	ant to 12 years old			
		·			
The number of share					
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS			
	tle:President/Treasurer				
Address:	Linda L. Nattiel		Ashley N. Hampton		
	2049 NE 15th Street		4683 SummerOak St.		
	Gainesville, FL 32609	<del></del> !	Orlando, FL 32835		
Name and Tit	tle:	Name and Title:			
Address:					
	tle:				
Address:	· · · · · · · · · · · · · · · · · · ·	Address:			
			72, 2		
ARTICLE VI	REGISTERED AGENT				
The name and Flor	rida street address (P.O. Box NOT acceptal	ole) of the registered agen	it is:		
Name:	Linda L. Nattiel		The same of the sa		
Address:	2049 NE 15th St		<u> </u>		
	Gainesville, FL 32609	<del></del>			
ADDICE DITT	INCORPORATOR				
	ress of the Incorporator is:				
Name:	Linda L. Nattiel				
Address:	2049 NE 15th St	<del></del>	<b>*</b>		
	Gainesville, FL 32609				
Having been name	ed as registered agent to accept service of p in familiar with any occept the appointment of	rocess for the above star	ted corporation at the place designated in		
1.1.1.5 certagette, 7 tim	The state of the s	is registeren ugent unu u T	4 7		
الممما	r r lave	)	5/24/12		
1 XVIVOR	Required Signature/Registered Agen	•	Date		
/ \	Required Signature/Registered Agen	ı	, Date F		
I submit yhis docum	ment and affirm that the <u>facts s</u> tated herei	n are true. I am aware	that the false information submitted in a		
	partment of State constitutes a thint degree				
			cln(ln)		
( / N(M)	$\mathcal{L}(\mathcal{L})$		0/24/17		
<del>- 10.0</del>	Required Signature/Incorporator	<del>-                                    </del>	Date		