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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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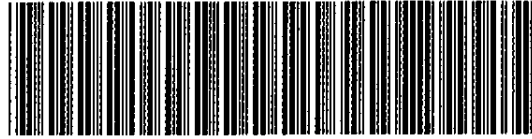
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

144

## COVER LETTER

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

SUBJECT: Amazing Kidz Academy, 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: EARTHA W. ONI  
Name (Printed or typed)

2805 JACKSON STREET  
Address

FT. MYERS, FL 33901  
City, State & Zip

239.810.4625 (CELL)  
Daytime Telephone number

ONI5@EMBARQMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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**

The name of the corporation shall be: **Amazing Kidz Academy, Inc**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2805 Jackson Street  
Ft. Myers, FL 33901

Mailing address, if different is: DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide care for children. We will also identify needs of their families and pursue to provide services for the family as well.

**ARTICLE IV SHARES**

The number of shares of stock is: **One share**

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

Name and Title: Eartha W. Oni, CEO  
Address: 2805 Jackson Street  
Ft. Myers, FL 33901

Name and Title: Travis A. Brown, Financial Advisor  
Address: 13454 Graham Yarden Drive  
Riverview, FL 33570

Name and Title: Olusegun James Oni, Treasurer  
Address: 2805 Jackson Street  
Ft. Myers, FL 33901

Name and Title: Christina T. Oni-Brown, HR Advisor  
Address: 13454 Graham Yarden Drive  
Riverview, FL 33570

Name and Title: Margaret M. Oni, Operations Advisor  
Address: 13454 Graham Yarden Drive  
Riverview, FL 33570

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: Christina T. Oni-Brown  
Address: 13454 Graham Yarden Drive  
Riverview, FL 33570

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eartha W. Oni  
Address: 2805 Jackson Street  
Ft. Myers, FL 33901

*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*

Christina Oni  
Required Signature/Registered Agent

September 26, 2012  
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.*

Eartha W. Oni  
Required Signature/Incorporator

September 26, 2012  
Date