

P14000085063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

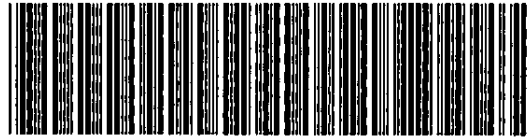
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14 OCT 14 09:11:58
TALLAHASSEE, FLORIDA

10/16/14

COVER LETTER

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

SUBJECT: Fernandina Beach College of Allied Health 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: George Nichols

Name (Printed or typed)

120 Woodhawk Lane

Address

Stockbridge, GA 30281

City, State & Zip

904-716-5156

Daytime Telephone number

gnichols837@gmail.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: Fernandina Beach College of Allied Health INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

910 S 8th Street Unit 114
Fernandina Beach, FL 32034

Mailing address, if different is:

120 WoodHawk Ln
Stockbridge, GA 30281

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide convenient education to students
on the north east border of Florida , interested in pursuing Certificate,Diploma or
Associated Degrees in the Allied Heath field.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: George Nichols President and CEO

Address 120 WoodHawk lane
Stockbridge, GA 30281

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: George Nichols
Address: 910 S 8th St. Unit 114
Fernandina Beach, FL 32034

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: George Nichols
Address: 120 Woodhawk Lane
Stockbridge, GA 30281

FILED
14 OCT 14 AM 11:58
CLERK OF THE CIRCUIT COURT
JACKSONVILLE, 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

10-6-2014
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

10-6-2014
Date