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14 OCT 15 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/14

COVER LETTER

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

SUBJECT: All About God's Children 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Vernellen Hillery

Name (Printed or typed)

3550 Westlake ave

Address

Jacksonville, FL 32218

City, State & Zip

904-742-0532

Daytime Telephone number

aagca2010@yahoo.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

All About Gods Children Academy INC

14 OCT 15 PM 1:57

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3550 Westlake ave

Jacksonville Fl

32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is being establish to
become and independant company with its own creditors an agenda,
to provide childcare servies to children from birth to school age.

ARTICLE IV SHARES

The number of shares of stock is:

5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vernellen Hillery Pres:

Name and Title: _____

Address 4248 Arrow Creek Rd

Address: _____

Jacksonville, Fl

32218

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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AND
FILED

(conti.)

Name and Title: _____ Name and Title: 14 OCT 15 PM 1:57
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Vernellen Hillery
Address: 4248 Arrow Creek Rd
Jacksonville FI 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vernellen Hillery
Address: 4248 Arrow Creek Rd
Jacksonville 32218

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

Vernellen Hillery 10/6/2014
Required Signature/Registered Agent 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.

Vernellen Hillery 10/6/2014
Required Signature/Incorporator Date