

PI4000094725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

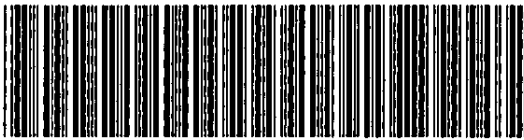
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400266181614

11/20/14--01018--015 **78.75

11/20/14 11:50 AM
18 NOV 20 PM 2:50
TALLAHASSEE FLORIDA

11/24/14

COVER LETTER

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

SUBJECT: The Jacksonville Latin School Incorporated
(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: Benjamin Brodersen

Name (Printed or typed)

1324 Gately Rd

Address

Jacksonville, FL 32225

City, State & Zip

904-651-7670

Daytime Telephone number

blbrodersen@jaxlatin.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: The Jacksonville Latin School Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1324 Gately Rd
Jacksonville, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct any and all things lawful
in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 0

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benjamin Brodersen, owner

Name and Title: _____

Address 1324 Gately Rd
Jacksonville, FL 32225

Address: _____

Name and Title: Lauren Brodersen, co-owner

Name and Title: _____

Address 1324 Gately Rd
Jacksonville, FL 32225

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

NOV 20 PM 2:50
STATE
ALL RIGHTS RESERVED, FLORIDA

(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: Benjamin Brodersen
Address: 1324 Gately Rd
Jacksonville, FL 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Benjamin Brodersen
Address: 1324 Gately Rd
Jacksonville, FL 32225

14 NOV 20 PM 2:50
STATE
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

Ben Brodersen _____ 11/15/14
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.

Ben Brodersen _____ 11/15/14
Required Signature/Incorporator Date