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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Academic Perspectives, 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: Samuel K. Alexander
Name (Printed or typed)

Surf Club Condo I, Unit 1203
104 Surf View Drive
Palm Coast, Florida 32135
Address
City, State & Zip

(c) (502) 333-8298
Daytime Telephone number

edpolres@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: Academic Perspectives, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Suite 1203, Surf Club I
104 Surfview Drive
Palm Coast, Fl 32135

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to hold educational meetings, religious meetings and other conferences, and to publish books and materials

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ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel K. Alexander
Director + President
Address: #1203 Surf Club I
Surfview Dr.
Palm Coast, Fl. 32135

Name and Title: Theodore H. Lovit
Director
Address: 1 Court Sq.
Lebanon, Ky. 40333

Name and Title: M. David Alexander
Director + Secretary
Address: 709 Burruss Drive
Blacksburg, Virginia 24060

Name and Title:
Address:

Name and Title: Lydia Allen
Director + Treasurer
Address: 608 Vermont Ave.
Urbana, Il. 61801

Name and Title:
Address:

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: Samuel K. Alexander

Address: Surf Club I, Unit 1203
104 Surfview Dr.
Palm Coast, Florida 32135

ARTICLE VII INCORPORATOR

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

Name: Samuel K. Alexander

Address: Surf Club I, Unit 1203
104 Surfview Dr
Palm Coast, FL 32135

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Samuel Alexander — Required Signature/Registered Agent — 1/20/18 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.

Samuel Alexander — Required Signature/Incorporator — 1/20/18 Date