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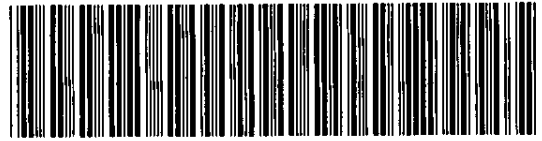
(Business Entity Name)

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TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 30 2018

W18-18427



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2018

SHALANDA NELAMS
1990 NE 2ND LANE
BOYNTON BEACH, FL 33435

SUBJECT: JUNITY ACHIEVEMENT CENTER, INC
Ref. Number: W18000018427

We have received your document for JUNITY ACHIEVEMENT CENTER, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 918A00003815

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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: JUNITY ACHIEVEMENT CENTER, 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: SHALANDA NELAMS

Name (Printed or typed)

1990 NE 2nd LANE

Address

BOYNTON BEACH , FL 33435

City, State & Zip

561-239-9191

Daytime Telephone number

S.NELAMS@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)

ARTICLE I NAME

The name of the corporation shall be: JUNTY ACHIEVEMENT CENTER, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1990 NE 2ND LANE

PO BOX 1515

BOYNTON BEACH, FL 33435

BOYNTON BEACH, FL 33425

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE A CARING AND SAFE ENVIRONMENT WHILE ASSISTING IN LIFE ACHIEVEMENTS OF SCHOOL AGE & YOUTH PUPILS AGES (5) THROUGH (18).

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO SHALANDA NELAMS

Name and Title: _____

Address

1990 NE 2ND LANE

Address: _____

BOYNTON BEACH, FL

33435

Name and Title: HESNER SAINT-HILLAIRE

Name and Title: _____

Address

2890 NE 5TH CT.

Address: _____

BOYNTON BEACH, FL

33435

Name and Title: SAMIYA TOUSSAINT

Name and Title: _____

Address

1990 NE 2ND LANE

Address: _____

BOYNTON BEACH, FL

33435

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TALLAHASSEE, FLORIDA

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: SHALANDA NELAMS

Address: 1990 NE 2ND LANE

BOYNTON BEACH, FL 33435

ARTICLE VII INCORPORATOR

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

Name: SHALANDA NELAMS

Address: 1990 NE 2ND LANE

BOYNTON BEACH, FL 33435

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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


Required Signature/Registered Agent

02/16/2018
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

02/16/2018
Date