

P20000034964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

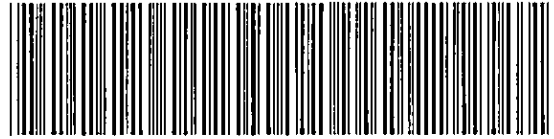
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2020 MAY 13 AM 11:03  
TALLAHASSEE, FLORIDA

FILED  
2020 MAY 13 PM 12:08  
TALLAHASSEE, FLORIDA

MAY 13 2020  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Stars + Diamonds Christian Academy 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: Bethye Lovett  
Name (Printed or typed)

2849 Apalachee Pkwy # C  
Address

Tallahassee, FL 323  
City, State & Zip

(850) 212-2742  
Daytime Telephone number

blovett0902@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: Stars & Diamonds Christian Academy Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
2849 Apalachee Pkwy. #C  
Tallahassee, FL 32301

Mailing address, if different is:

2849 Apalachee Pkwy #C  
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Childcare

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bettye Lovett / CEO

Name and Title: \_\_\_\_\_

Address: 3408 Briar Branch Trl.

Address: \_\_\_\_\_

Tallahassee, FL 32312

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 MAY 13 PM 12:08  
TALLAHASSEE, FL

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: Bethye Lovett  
Address: 3408 Briar Branch Trl.  
Tallahassee, Fl. 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bethye Lovett  
Address: 3408 Briar Branch Trl  
Tallahassee, Fl. 32312

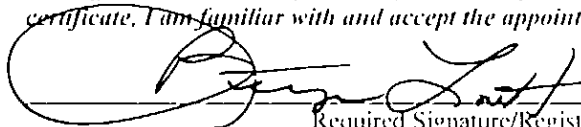
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 13, 2020 (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.)

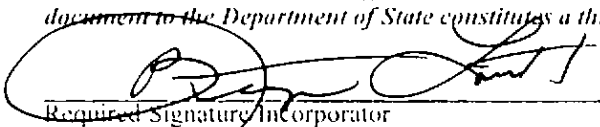
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/13/2020  
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

5/13/2020  
Date