

P21000051374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

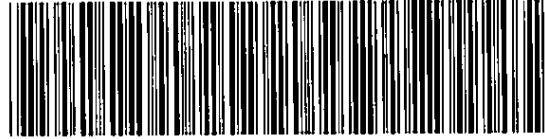
(Document Number)

Certified Copies ☒

Certificates of Status ☐

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06/02/21--01014--009 **315.00

ALLAHASSEE, FL.

2021 JUN -2 PM 12:09

RECEIVED

ALLAHASSEE, FL.

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FILED

COVER LETTER

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

SUBJECT: Paideia 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: SaDoreia Rogers
Name (Printed or typed)
1416 Silver Saddle Dr
Address
Tall, FL 32310
City, State & Zip
850-328-7360
Daytime Telephone number
busschickkingdm@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2007 JUN -2 PM 12:30

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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

Paideia Academy Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1230 Blounts town Street
Tall, Fl. 32304

Mailing address, if different is:

PO BOX 20788

Tall, Fl 32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

educational, childcare, mildly
ill care, ~~and~~ Prescribed Pediatric Extended care

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Dons Simpson / Secretary

Address

1416 Silver Saddle Dr
Tall, Fl 32310

Name and Title:

Breann Brown / Treasurer

Address:

1416 Silver Saddle Dr
Tall, Fla ~~32310~~ 32310

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2021 JUN -2 PM 12:30
ED

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: Doris Simpson

Address: 1416 Silver Saddle Dr

Tall, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Doris Simpson

Address: 1416 Silver Saddle Dr

TALL, FL 32310

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TALLAHASSEE, FLA

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

[Signature]
Required Signature/Registered Agent

6/2/2021
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.

[Signature]
Required Signature/Incorporator

6/2/2021
Date