P21000051374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only

100357415771

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

RECEIVED
2021 JUN -2 PM 12:09
TALLAHASSEE, FLORIDA

FILED
2021 JUN -2 PM 12:30

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

bosschicKingdm@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILED
2011 JUN -2 PM 12:30

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, & 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 3230

Name and Title: Breann Brown/Treasure
Address: 1416 Silver Saddle Dr
Tall, Fla 32310

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

2021 JUN -2 PM 12:30
FILED

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
Tally, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Doris Simpson

Address: 1416 Silver Saddle Dr
Tally, FL 32310

FILED
2021 JUN -2 PM 12:30

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

_____ 4/2/2021
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.

_____ 6/2/2021
Required Signature/Incorporator Date