

P22000038337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

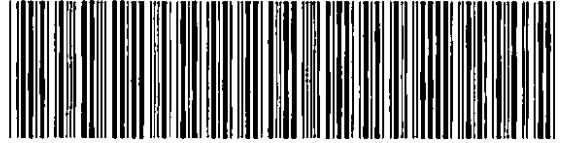
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/22---01001---017---**70.00

FILED
2022 MAY 20 AM 9:01
STATE
TALLAHASSEE, FLORIDA

RECEIVED
2022 MAY 20 AM 9:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Early Foundations Learning 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael Mead
Name (Printed or typed)

24 Walter Martin Rd., Suite 201
Address

Fort Walton Beach, FL 32548
City, State & Zip

850-243-3135
Daytime Telephone number

Michael@MeadLawAndTitle.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: Early Foundations Learning Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

238 Miracle Strip Pkwy SW

Fort Walton Beach, FL 32548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jill W Crew, Director

Name and Title: _____

Address 238 Miracle Strip Pkwy SW, Suite 200

Address: _____

Fort Walton Beach, FL 32548

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2022 MAY 20 AM 9:01
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF WALTON

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: Jill W Crew
Address: 238 Miracle Strip Pkwy SW, Suite 200
Fort Walton Beach, FL 32548

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jill W Crew
Address: 238 Miracle Strip Pkwy SW, Suite 200
Fort Walton Beach, FL 32548

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2022 MAY 20 AM 9:01
STATE OF FLORIDA
DEPARTMENT OF STATE

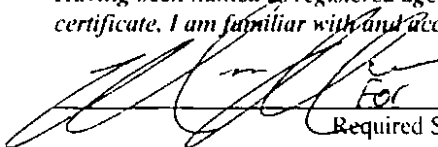
ARTICLE VIII EFFECTIVE DATE:

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.

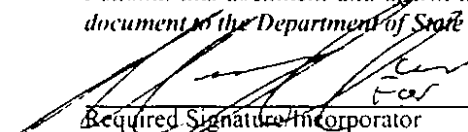
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



For Jill W Crew
Required Signature/Registered Agent

May 18, 2022
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.



For Jill W Crew
Required Signature/Incorporator

May 18, 2022
Date