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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Anchors of Grace 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Tomesha Clark  
Name (Printed or typed)

509 E. Magnolia Dr. Apt F219  
Address

Tallahassee, FL 32301  
City, State & Zip

(850) 295-1991  
Daytime Telephone number

tomeshaclark@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: ANCHORS OF GRACE Academy Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

509 E. Magnolia Dr. Apt F 219  
Tallahassee, FL 32301

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: providing children with exceptional  
Education which allows children to explore and use their imagination.  
providing a safe, nurturing environment to help children reach their full  
potential. This facility provides daycare services as well as K-8  
learning. Hours of operation 6am-6pm

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tomesha Clark/P Name and Title: \_\_\_\_\_

Address 509 E. Magnolia Dr. Apt F 219 Address: \_\_\_\_\_  
Tallahassee, FL 32301

VP Name and Title: Dontray Brown (nephew) Name and Title: \_\_\_\_\_

Address 218 W Folsom St Address: \_\_\_\_\_  
Perry, FL 32348

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

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

2023 JUL 14 AM 11:46

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Dontray Brown  
Address: 509 E Magnolia Dr Apt F 219  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Tomesha Clark  
Address: 509 E Magnolia Dr Apt F 219  
Tallahassee, FL 32301

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/14/2023 (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*

Dontray Brown 8/14/2023  
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.*

Tomesha Clark 8/14/2023  
Required Signature/Incorporator Date

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