

PO6000032546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

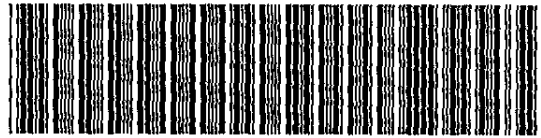
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500066950555

03 11 2011 011054-033 \*\*87.50

NOV 3 AM 11  
PAID

3-7-8

**COVER LETTER**

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

**SUBJECT: JOEL INSTITUTE 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

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

**FROM: Esther Crownborn**  
Name (Printed or typed)

**2202 N. Westshore Blvd, Suite 200**  
Address

**Tampa, Florida 33607**  
City, State & Zip

**813 777 6086**  
Daytime Telephone number

**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)

FILED  
2006 MAR -3 A. 10:14  
TAMPA, FLORIDA  
CLERK OF CIRCUIT COURT

**ARTICLE I NAME**

The name of the corporation shall be:

JOEL INSTITUTE INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

HERITAGE HARBOR, 19267 FISHERMANS BEND DR, LUTZ 33558

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Education, Training, Communication and Research

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 - One thousand

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

List name(s), address(es) and specific title(s):

PAULA ESTHER CROWNBORN  
2202 N. WESTSHORE BLVD, SUITE 200  
TAMPA FL 33607

**ARTICLE VI REGISTERED AGENT**

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

PAULA ESTHER CROWNBORN  
2202 N. WESTSHORE BLVD, SUITE 200  
TAMPA FL 33607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

PAULA ESTHER CROWNBORN  
2202 N. WESTSHORE BLVD, SUITE 200  
TAMPA FL 33607

\*\*\*\*\*

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

Paula Crownborn  
Signature/Registered Agent

03/01/06  
Date

Paula Crownborn  
Signature/Incorporator

03/01/06  
Date