Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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: (850)222-1092

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FLORIDA PROFIT/NON PROFIT CORPORATION Educate Again Consulting, Inc.

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT:	care Again Consuling, Inc.		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
⊠ \$70.00 Filing Fea	• • •	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Clayton Coley Nam	e (Printed or typed)	
,	Nam McKenna Long & Aldridge LLP, 303 F	• • • • • • • • • • • • • • • • • • • •	
-		Address	
	Atlanta, GA 30308		
-	City	, State & Zip	
	404-527-4000		
-	Daytime 1	Celephone number	
1	brucel@valuteachers.com		
-	E-mail address: (to be us	ed 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)

	RINCIPAL OFFICE Principal <u>street</u> address	Mailing ad	Mailing address, if different is:	
River Marsh Dri	ve			
e Vedra Beach, l	FL 32082			
<u> </u>				
TCLE III PU	IRPOSE h the corporation is organized is:			
	r which corporations may be organized u		da.	
				
		<u></u> _		
				
icle iv si	HARES 1.000. S.01 oar value			
TCLE IV Si	HARES 1,000, \$.01 par value of stock is:			
TCLE V II	VITIAL OFFICERS AND/OR DIRECT	TORS		
	VITTAL OFFICERS AND/OR DIRECTION OF STREET	TORS	- S	
TCLE V II	vittal officers AND/OR DIRECtitle: Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive	TORS	75 C	
Name and T	VITTAL OFFICERS AND/OR DIRECTION OF STREET	TORS for Name and Title:	SECRETARY	
Name and T	Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive Ponte Vedra Beach, FL 32082	TORS for Name and Title:	SECRETARY NELAHASSI	
Name and T	vittal officers AND/OR DIRECtitle: Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive	TORS for Name and Title:	SECRETARY	
Name and T Address	Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive Ponte Vedra Beach, FL 32082	TORS for Name and Title: Address:	SECRETARY JES	
Name and T Address Name and Ti	Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive Ponte Vedra Beach, FL 32082	TORS for Name and Title: Address: Name and Title:	SECRETARY OF PH	
Name and T Address	Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive Ponte Vedra Beach, FL 32082	TORS for Name and Title: Address: Name and Title:	SECRETAN OF STA	
Name and T Address Name and Ti	Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive Ponte Vedra Beach, FL 32082	TORS for Name and Title: Address: Name and Title:	SECRETANT OF STATE	
Name and T Address Name and Ti	Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive Ponte Vedra Beach, FL 32082	TORS for Name and Title: Address: Name and Title:	SECRETANT OF STATE	
Name and T Address Name and Ti Address	Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive Ponte Vedra Beach, FL 32082 tle:	Name and Title: Address: Name and Title: Address: Address:	SECRETARY OF STAFE	
Name and T Address Name and Ti Address	Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive Ponte Vedra Beach, FL 32082	Name and Title: Address: Name and Title: Address: Address:	SECRETARY OF STAFE	
Name and T Address Name and Ti Address	Paula W. Smith, Pres., Secty., Directitle: 182 River Marsh Drive Ponte Vedra Beach, FL 32082 tle:	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	SECRETARY OF STAFE	

		(costi)	
Name	and Title:	Name and Title:	_
Addr	eas	Address:	_
			_
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered anert is-	
une:	Charles Edward Christopher	a. din regulare again is	
ddress:	182 River Marsh Drive	_	
	Ponte Vedra Beach, FL 32982	_	
		_	
RITCLE VI	U INCORPORATOR		
c <u>pame and</u>	address of the Incorporator is:	•	
Name:	Clayton Coley	_	
Address:	303 Peachtree Street, Suite 5300	_	
	Atlanta, GA 30308	_	
		_	
	named as registered agent to accept service of proce . I am familiar with and accept the appointment as r	ss for the above stated corporation at the place designated egistered agent and agree to act in this copacity	l in
		4/302014	
	Required Signature/Registered Agent	Dato	_
råmit this d cument to th	he Department of State cojustitutes a third degree felo	e true. I am aware that the false information submitted him as provided for in 3.817.155, F.S.	n.a
		4 342 014	
	Required Signature/Incorporator	Date	_
	•	₹	_
		NEC SEC	7
			₹
			Υ.