

P12000010424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

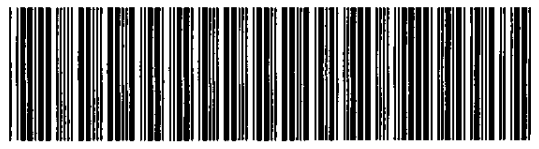
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

144

COVER LETTER

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

SUBJECT: A TEACHERS AID, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: A Teachers Aid, Inc

Name (Printed or typed)

4815 E Busch Blvd., S-214

Address

Tampa Florida 33617-6093

City, State & Zip

813-857-5608

Daytime Telephone number

ateachersaid@gmail.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

A Teachers Aid, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4815 E Busch Blvd. S-214
Tampa, Florida 33617-6093

Mailing address, if different is:
P.O.Box 273024
Tampa, Florida 33688-3024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Teaching

ARTICLE IV SHARES

The number of shares of stock is: **1,000,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Tomas Velez-Director</u>	Name and Title: _____
Address: <u>4815 E Busch Blvd - S214</u>	Address: _____
<u>Tampa, Florida 33617-6093</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Tomas Velez
Address: 4815 E Busch Blvd S-214
Tampa, Florida 33617-6093

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tomas Velez
Address: 4815 E Busch Blvd S214
Tampa, Florida 33617-6093

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

Required Signature/Registered Agent

01-21-2012
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.

Required Signature/Incorporator

01-21-2012
Date

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