

N00000006003

TRANSMITTAL LETTER

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

200003385742--4
-09/07/00--01074--013
*****87.50 *****87.50

SUBJECT: Cambridge Administration Parents and Students, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00

Filing Fee

☐ \$78.75

Filing Fee
& Certificate

☐ \$ _____

Filing Fee
& Certified Copy

☒ \$ 87.50

Filing Fee,
Certified Copy
& Certificate

FROM: Cambridge Administration Parents and Students, Inc.
Name (printed or typed)

18055 NW 8th Street

Address

Pembroke Pines, FL 33029

City, State & Zip

(954) 433-0235

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP - 7 PM 4:25

FILED

NOTE: Please provide the original and one copy of the articles.

gk 9/11

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Cambridge Administration Parents and Students, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18055 NW 8th Street
Pembroke Pines, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To develop the united efforts of educators, parents, and the general public in order to secure the highest advantages in physical, mental and social education for the students of Cambridge Academy.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are to be elected at the annual membership meeting.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Therese Hood
18204 SW 20th Street, Miramar, FL 33029

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Therese Hood
18204 SW 20th Street, Miramar, FL 33029

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.

Therese Hood
Signature/Registered Agent

9/1/00
Date

Therese Hood
Signature/Incorporator

9/1/00
Date

FILED
00 SEP -7 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA