# N0300003831

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Mu3-11834

#### TRANSMITTAL LETTER

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

SUBJECT: Learning Institute For Educational Excellence, 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 of Status

\$78.75

Filing Fee

**№** \$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Dr. Barbara B. Cobb FROM: Name (Printed or typed) P.O. Box 8444 Address Pembroke Pines, FL 33084 City, State & Zip 305-688-3740 Daytime Telephone number

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 25, 2003

DR BARBARA B. COBB P.O. BOX 8444 PEMBROKE PINES, FL 33084

SUBJECT: LEARNING INSTITUTE FOR EDUCATIONAL EXCELLENCE

Ref. Number: W03000011834

We have received your document for LEARNING INSTITUTE FOR EDUCATIONAL EXCELLENCE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist New Filings Section

Letter Number: 603A00025150

# ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the Corporation shall be:

Learning Institute For Educational Excellence, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

840 South Biscayne River Drive Miami, FL 33169

The mailing address of this corporation shall be:

P.O. Box 8444 Pembroke Pines, FL 33084

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide educational and wellness programs for youth and adults.

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are elected by a majority vote on an annual basis.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Dr. Barbara B. Cobb 840 South Biscayne River Drive Miami, FL 33169 President/Secretary

Dr. Deborah Wiggins 3921 Cleveland Street Hollywood, FL 33021Vice President/Treasurer

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. Barbara B. Cobb, 840 South Biscayne River Drive, Miami, FL 33169

Upril 16, 2003 Date April 16, 2003

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.

Signature/Registered Agent

Signature/Incorporator

Dr. Deborah Wiggins 3921 Cleveland Street Hollywood, FL 33021