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| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name) |  |  |  |  |  |
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| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)                                |  |  |  |  |  |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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**Charter Number Only** 

Anthony T. Lepore
1890 NW 139 terr.
21 Phone
(954)433-2126A

#### CORPORATION(S) NAME

| FUNL BILL                                    | JGUAL         | INSTI                         | TUTE, INC.                                  |
|--|---------------|-------------------------------|---|
|  |               |                               |   |
|  |               |                               |   |
| ( Profit ( ) NonProfit                       | (             | ) Amendment                   | ( ) Merger                                  |
| ( ) Foreign                                  | (             | ) Dissolution                 | ( ) Mark                                    |
| ( ) Limited Partnership<br>( ) Reinstatement | (             | ) Annual Report ) Reservation | ( ) Other<br>( ) Change of Registered Agent |
| ( ) Certified Copy                           | (             | ) Photo Copies                | Certificate Under Seal                      |
| ( ) Call When Ready<br>( ) Walk In           | ( ) Will Wait | ) Call If Problem             | ( ) After 4:30<br>( Pick Up ( ) Mail Out    |
| Name   |               | -                             |   |

**Empire** Toll Free: 1-800-432-3028

Acknowledgment
W.P. Verifier

Availability

Document

Examiner

Updater

Verifier

## TRANSMITTAL LETTER

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

| SUBJECT:FUN BILINGUAL INSTITUTE, INC.   |  |                                     |  |  |  |  |  |
|---|--|-------------------------------------|--|--|--|--|--|
| (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )                                   |  |                                     |  |  |  |  |  |
|   |  |                                     |  |  |  |  |  |
|   |  |                                     |  |  |  |  |  |
| 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 & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate |  |  |  |  |
|   | PY REQUIRED                                |                                     |  |  |  |  |  |
|   | '  |                                     |  |  |  |  |  |
| FROM: Anthony T. Lepore, Esq., P.A.   |  |                                     |  |  |  |  |  |
| Name (Printed or typed)   |  |                                     |  |  |  |  |  |
|   |  |                                     |  |  |  |  |  |
|   | Address                                    |                                     |  |  |  |  |  |
|   | South Florida, FL 33082-3662               |                                     |  |  |  |  |  |
|   | City, State & Zip                          |                                     |  |  |  |  |  |
|   | 954.433.2126                               | 4                                   |  |  |  |  |  |
|   | <u> </u>                                   |                                     |  |  |  |  |  |

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

### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be: FUN BILINGUAL INSTITUTE, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 14422 Rosewood Road, Miami Lakes, FL 33014

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ADVANCE THE EDUCATION OF CHILDREN CONCERNING BILINGUALISM

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: DIRECTORS ARE ELECTED BY MAJORITY VOTE OF THE MEMBERS

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

List name(s), address(es) and specific title(s): RICHARD HINDS - Director - 14422 Rosewood Road, Miami Lakes, FL 33014 LIZANN CRUZ-HINDS - Director - 14422 Rosewood Road, Miami Lakes, FL 33014 YNES CRUZ - Director - 14422 Rosewood Road, Miami Lakes, FL 33014

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is: RICHARD HINDS, 14422 Rosewood Road, Miami Lakes, FL 33014

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: RICHARD HINDS, 14422 Rosewood Road, Miami Lakes, FL 33014

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.

7-8-03 Date 7-8-03