## MIDOOCE 183

ATHE
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)  (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Corrected sporting in contractor
Corrected spalling Thorace
DOC. EXAM

Office Use Only



300212085713

09/15/11--01020--011 \*\*87.50

SECRETARY OF STATE
DIVISION OF CORPORATIONS

PS 9/16/11

## **COVER LETTER**

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

SUBJECT: TEAN	/ Early Childhood	Association Ir	ıc.
ு இதர்closed is an original	(PROPOSED CORPORAT		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate  OPY REQUIRED
FROM:		nted or typed)	_
	1600 23rd Ave No	orth Idress	<del></del>
	Saint Petesburg I	FI 33712 tate & Zip	· <del>-</del>
	727-578-0999 1600 23rd Davis medici	ephone number	<del></del>

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

lamilov@gmail.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

	ICLE	NAME

TEAM EARLY CHILDHOOD ASSOCIATION INC.

ne name of the co	rporation stall be:		11 SEP 15 PM 3: 3;
RTICLE II	PRINCIPAL OFFICE		
iii iii ii i	Principal street address		Mailing address, if different is:
	1600 23rd Ave North		
	Saint Petersburg Fl 33713		
		<del></del>	
RTICLE III	PURPOSE		
e purpose for w	hich the corporation is organized is:		
serve the needs of	its members: and to establish and represent to the public	the importance of early	childhood education. A secondary premise is to raise the level of
oressional regard for Tithat and , the Corpo	owners, directors operators and staff in our field.		
	c the importance of quality early childhood education prog		ire safe and valued
	e quality focused regulation of early childhood education tetworking, and training in support of best practices for ea		owners, operators, directors and teachers.
RTICLE IV	MANNER OF ELECTION The manner	r in which the direct	ors are elected and appointed:
. 3			ns specified in the bylaws of the Corporation. In no event, sh
	ors be fewer than three.	A TOUS GIVE GOUTHOUSE	is appointed in the sylams of the corporation. If he creat, si
RTICLE V	_INITIAL OFFICERS AND/OR DIREC	<u>TORS</u>	
Name and Ti	tle: Laurance A. Milov President/Direc	Tor Name and Ti	tle: <u>Or. Wendt F. Seigel Ed.D</u>
Address:	1600 23rd Ave North	Address:	5949 Sterling Road
	Saint Petersburg Fl 33713		Davie FI 33314
<i>y</i>		<del>_</del>	<del></del>
Name and Ti	tle:	Name and Ti	tle: Magfalda Milov
Address:			1490 73rd Circle
, <b>*</b>			Saint Petersburg FI 33702
in the same		نخبر ا	•
	ile:	Name and I	tle:
Address:			
		<del>_</del> _	
	<del></del>		
RTICLE VI	REGISTERED AGENT		
einame and Flor	ida street address (P.O. Box NOT acceptable	e) of the registered a	gent is:
Name:	Laurance A., Milov		
A'ddress:	1600 23rd Ave North		
	Saint Petersburg Fl 33713		
TÎCLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Laurance A. Milov		
Address:	1600 23rd Ave North		
	Saint Petersbug Fl 33713		
vingsbeen name	d as registered agent to occupt service of pr	ocess for the abov	e stated corporation at the place designated in thi
ificate. I am fan	ulliar with and greept the offportinent as region	stered agent and ag	ree to act in this capacity
			an lack 11
*:	111		09 09 11
	Required Signature of Registered Agen	it	Date
hmit this docum	ent and affin that the faces state forming	a terra   1	that any folco information - Luty-1 to - 1
Te Department o	f State constitutes a third debrae falany as pro	e true, i um aware ovided for in c 817 i	that any false information submitted in a document 55, F.S.
		riacu joi in 3.017.1	1 I
			09/09/11
	Required Signature of Incorporat	tor.	