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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

MIAMI, FL 33103 (303) 3.		
CODBOD ATTON NA MERCEL EL MOCTE	Office Use Only	
CORPORATION NAME(S) & DOCUI	MENI NUMBER(S), (ii known):	
. Orfat Expec	TATIONS ACADEMY, (Document #)	Corp
(Corporation Name)	(Document #)	1
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(Corporation Name)	(Document #)	
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Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
Walk in Pick up time	2.66 Certified Copy	
☐ Mail out ☐ Will wait	Photocopy Certificate of Statu	s 201
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NEW FILINGS	AMENDMENTS S	Sandrakine.
Profit	Amendment Fig.	7
Not for Profit		
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	7
Other	Merger	30
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership Reinstatement	
	Trademark	
	Other	
	. [
	Examiner's Initials	

CR2E031(7/97)

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

ARTICLE I The name of the cor	NAME Great Expectations A poration shall be:	cademy, Corp.	
ARTICLE II	PRINCIPAL OFFICE Principal street address 11280 SW 232 Street Miami, FL 33170		Mailing address, if different is:
ARTICLE III	PURPOSE		
The purpose for wi	nich the corporation is organized is:		
	ion is organized exclusively for edu nue Code, or corresponding section		
ARTICLE IV	MANNER OF ELECTION The manner	in which the directors are el	lected and appointed:
•	rs of the corporation.		
	INITIAL OFFICERS AND/OR DIRECT		
	ile: Yordanka Mezawi / President	Name and Title: Address:	
Address:	24298 SW 113 Passage Homestead, FL 33032		
Name and Tit	tle:Fadi Mezawi / Vice President 24298 SW 113 Passage	Name and Title:	
Addiess.	Homestead, FL 33032		
	ile: Alda Santana / Secretary	Name and Title:	
Address:	21374 SW 112 Ave Apt. 308 Cutler Bay. FL 33189	Address:	
	REGISTERED AGENT		2012 JAN SEGRETA TALLAHAS
	ida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name: Address:	Yordanka Mezawi 24298 SW 113 Passage		A TANK
Vaniess:	Homestead, FL 33032		SA A
		<u> </u>	20 T
ADMICE D TIT	INCORPORATOR		
	ress of the Incorporator is:		42 -
Name:	Yordanka Mezawi		
Address:	24298 SW 113 Passage	<u> </u>	* 69
	Homestead, FL 33032	<u>_</u>	
Having been name certificate, I am fan	ed as registered agent to accept service of pro- niliar with and accept the appointment as regist	cess for the above stated tered agent and agree to ac	corporation at the place designated in this t in this capacity
44	1/-		1/12/2012
	Required Signature of Registered Agent		Date
I submit this docun to the Department of	nent and affirm that the facts stated herein are It State constitutes a third degree felony as prov	true. I am aware that any pided for in s.817.155, F.S.	false information submitted in a document
4	IN /		1/12/2012
— <i>(f f f)</i>	Required Signature of Incorporato	<u> </u>	Date
•	, 1 A		