

N120000000834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

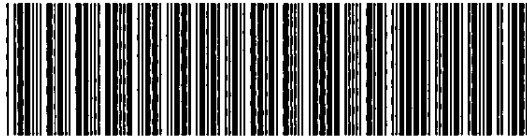
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 JAN 23 PM 3:36

SECRET

114

## COVER LETTER

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

SUBJECT: Parent's Network, 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  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Diane S. Merin  
Name (Printed or typed)

5811 Oxford Drive  
Address

Tampa, FL 33615  
City, State & Zip

813-727-3123  
5811 Oxford Drive Telephone number

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

**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:

**Parent's Network, Inc.** FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5811 Oxford Drive

Tampa, FL, 33615

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Mailing address, if different is:

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Educate and provide Parents with information concerning language and behavioral development to be access via in person, print and electronic media.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: *Initially appointed  
Review & Reappointment elected by Board which will be expanded.*

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

Name and Title: Diane S. Merin President

Address: 5811 Oxford Drive

Tampa, FL 33615

Name and Title: Paul D. Kirk VP

Address: 5811 Oxford Drive

Tampa, FL 33615

Name and Title: Herberto Colon Tr

Address: 5809 Oxford Drive

Tampa, FL 33615

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Diane S. Merin

Address: 5811 Oxford Drive

Tampa, FL 33615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Diane S. Merin

Address: 5811 Oxford Drive

Tampa, FL 33615

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

Diane S. Merin  
Required Signature of Registered Agent

1/20/12  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Diane S. Merin  
Required Signature of Incorporator

1/20/12  
Date