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| (RE | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | siness Entity Nar | ne) |
| | | |
| (Ďc | cument Number) | |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

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

| | | °(PKUPO: | ED CORPOR | AIL NANLE — I | MUST INCLUDE S | OFFIA) |
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| | , | | | *** | | |
| Enclosed is | an original | and one (1) | copy of the A | Articles of Inco | rporation and a cl | neck for: |

□ \$70.00
□ \$78.75
Filing Fee & Filing Fee & Filing Fee, Certificate of Status

□ \$78.75
Filing Fee & Filing Fee, & Certified Copy & Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: CAROL KINGSLEY
Name (Printed or typed)

900 GROVE ST
Address

CLEARWATER, FLORIDA 33755

City, State & Zip

727 446 3922

Daytime Telephone number

carolkingsley@msn.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 INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE I The name of the co | | OING AND EFFE | ECTIVENESS IN EDUCATION | , INC. | | |
|------------------------------|--|----------------------|-----------------------------------|---|--|--|
| ARTICLE II | PRINCIPAL OFFICE | | | | | |
| | Principal <u>street</u> address | | Mailing address, if different is: | | | |
| | Cleanwater F 33755 | | | | | |
| | | | | | | |
| ARTICLE III | PURPOSE | | | | | |
| The purpose for v | which the corporation is organized is: | | | | | |
| TO SUPPOR | RT AND FUTHER THE ADVANCEME | NT OF LEAR | NING AND EDUCATION | IN ALL | | |
| | /AILABLE SO THAT THE POTENTIA | | | | | |
| | GOOD OF ALL. | | | | | |
| ARTICLE IV | MANNER OF BLECTION The manner in | which the director | rs are elected and appointed: | | | |
| | NG AND VOTING WITH MAJORITY ACCEPTA | | is the clocked that appointed. | | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTO | ORS | | | | |
| | itle: Carol Kingsley President | Name and Title | e; Jeff Avrin, COB | | | |
| Address: | 1524 Smallwood Circle | Address: | AON GIOAB OF | | | |
| | Clearwater, Florida | | Clearwater, Florida 33755 | | | |
| | 33755 | | | | | |
| Name and Ti | tle: Stephanie Salamon, Treasurer | _ Name and Title | :: | | | |
| Address: | 900 Grove St. | _ Address: | | | | |
| | Clearwater, Florida 33755 | - | | | | |
| | *************************************** | _ | | | | |
| Name and Ti | itle: | _ | : <u> </u> | | | |
| Address: | | _ Address: | | · · · · · · · · · · · · · · · · · · · | | |
| | | _ | | | | |
| | | - | | 7 ₹ | | |
| ARTICLE VI | REGISTERED AGENT rida street address (P.O. Box NOT acceptable) o | of the registered ag | ent is: | 3 増払す | | |
| Name: | Marcy Sargeant | i die registered ag | cit is. | 3 47 | | |
| Address: | 900 Grove St. | - | | | | |
| | Clearwater, Florida 33755 | _ | | 5: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8: | | |
| | | | | S.S. | | |
| ARTICLE VII | INCORPORATOR | | | STATE PRATIONS | | |
| | iress of the Incorporator is: | | | 07 | | |
| Name: | Carol Kingsley | | | | | |
| Address: | 1524 Smallwood Circle | _ | | | | |
| | Clearwater, Florida 33755 | | | | | |
| | | | | | | |
| | ed as registered agent to accept service of proce miliar with and accept the appointment as registe | | | esignated in this | | |
| | The state of the s | rea agent and age | oc to ace are area capacity | | | |
| Thare | 4 Dargeant | | 30 November 2012 | | | |
| | Required Signature of Registered Agent | | Date | | | |
| I submit this docu | ment and affirm that the facts stated herein are tr | ue. I am aware th | at any false information submitte | d in a document | | |
| | of State constitutes a third degree felony as provide | | | | | |
| 13/11 | I Vi Da | | | | | |
| <u> </u> | or massery | | 30 November 2012 | | | |
| | Required Signature of Inggrporator | | Date | | | |

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

| • | ARTICLE II PRINCIPAL OFFICE | | | | |
|--------------------------------|---|--------------------------|---------------------------------------|--|-------------------|
| | Principal street address | | Mailing ad | dress, if different is: | |
| τ, | 900 GROVE ST. (Par Winter F1 33755 | | N | | |
| | [[EWIGALS V F] 77175 | | | | |
| | | | | * ** | |
| RTICLE III | <u>PURPOSE</u> | | | ; | |
| | which the corporation is organized is: | | _ | * * * * | |
| | RT AND FUTHER THE ADVANCE | | | | |
| MANNER A' | VAILABLE SO THAT THE POTEN | TIALS OF INDIV | IDUALS CAN B | E REALIZED FO | OR TH |
| GREATER (| GOOD OF ALL. | | | • | |
| | MANDE OF BURGHON TO | | | | |
| RTICLE IV | MANNER OF ELECTION The manner | | rs are elected and appo | ointed: | |
| | NG AND VOTING WITH MAJORITY ACCE | PTANCE | | ٠ | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIREC | CTORS | | | |
| | Title: Carol Kingsley President | Name and Title | | | |
| Address: | 1524 Smallwood Circle | Address: | 900 Grove St. | 1 , 1, 1, 2, 5 | |
| 4 | Clearwater, Florida | . | Clearwater, Florida 33755 | | |
| • 5.** | 33755 | 1 | | 1. C. (19.20) | |
| | | | | 3 y 200 | |
| | Title: Stephanie Salamon, Treasurer | Name and Title | | | |
| Address: | 900 Grove St. 🐇 | Address: | · · · · · · · · · · · · · · · · · · · | A STATE OF THE STA | |
| 77 | Clearwater, Florida 33755 | | | *** *** *** *** *** *** *** *** *** ** | |
| ii. | | <u> </u> | | State Control of the second | |
| à. | 7 × 1 × 14 × 2 × 1 × 14 × 2 × 1 | | | | |
| Name and T | l'itle: | Name and Title | e: | | |
| Address: | | Address: | | i in the indicate in | |
| igu erre | | | | 1025 AV | |
| | | | | | |
| RTICLE VI | REGISTERED AGENT | | | 1. 4. 4.5 | |
| | orida street address (P.O. Box NOT acceptab | la) of the registered as | ont la- | | |
| Name: | Maircy Sargeant (F.O. Box NO1 acceptate | ie) of the registered ag | ent is. | James. | <u> </u> |
| 1 | 900 Grove St. * | | | 70 | ≦હ |
| Address: | Clearwater, Florida 33755 | | | · R | SEC |
| | Cibal Matol, Fluxida 33735 | | | | 22 A |
| T , | <u> </u> | | | · | = 글; - |
| 13" , 3 " | | | | , ω | 220 |
| PTICLE VII | INCOPPORATOR | | | | |
| | INCORPORATOR | | | · -0 | 200 |
| ne <u>name and ad</u> | Idress of the Incorporator is: | | | · P | 学 写: |
| ne <u>name and ad</u> Name: | Idress of the Incorporator is: Carol Kingsley | | | PH 2: | - |
| ne <u>name and ad</u> | Idress of the Incorporator is: Carol Kingsley 1524 Smallwood Circle | | | PH 2: 2 | - |
| r , | <u> </u> | | | ပ္ခ် | |
| Name: | Idress of the Incorporator is: Carol Kingsley | | | PH 2: 2(| -33 * |