

N130000007036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

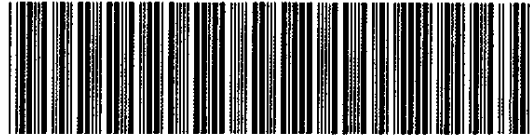
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Liberal Learning, Incorporated

(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: Dwight Berry
Name (Printed or typed)

1507 Argyle Drive, #205
Address

Fort Lauderdale, FL 33312
City, State & Zip

954-895-1626
Daytime Telephone number

dwight2551@yahoo.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)

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ARTICLE I NAME

The name of the corporation shall be: Liberal Learning, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1507 Argyle Drive

#205

Fort Lauderdale, FL 33312

Mailing address, if different from:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Liberal Learning, Incorporated is a Florida Corporation, not for profit, that designs, builds and operates schools to teach community based, post secondary education.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The directors will initially be appointed by the Chairman and Vice Chairman.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia Gentner, Chairman & Chief Compliance Officer

Address: 931 Lyons Road
Coconut Creek, FL 33063

Name and Title: Dwight Berry, Vice Chair & CEO

Address: 1507 Argyle Drive
#205
Fort Lauderdale, FL 33312

Name and Title: Alexis Ware, Director

Address: 2175 Greenback Circle
#207
Naples, FL 34112

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

13 AUG -5 PM 2:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Dwight Berry
Address: 1507 Argyle Drive, #205
Fort Lauderdale, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dwight Berry
Address: 1507 Argyle Drive, #205
Fort Lauderdale, FL 33312

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


Required Signature of Registered Agent

8/1/13
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.


Required Signature of Incorporator

8/1/13
Date