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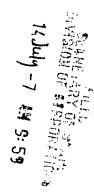
Office Use Only

(Requestor's Name)



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7 To Whom It May Concern:

I recently filed the annual report for my company however I need to change it to a nonprofit corporation. I was advised to file a dissolution and file for a not for profit articles of incorporation. I have included all of the required fees to do so and wish to keep the same name for my company Student Saviors, Inc. Additionally I am filing nonprofit 501 (c) (3) with the IRS. Should you need any additional information please do not hesitate to contact me (561) 961-9061.

Thank You,

Klarissa Kitchen

President/Owner of Student Saviors, Inc.

4 MAY - 7 PH 5: (

COVER LETTER

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

SUBJECT:S	tudent Sac (PROPOSED CORPORAT	ios, Inc. Tename- <u>must inclui</u>	DE SUFFIX)
	nd one (1) copy of the Arti		
☐ \$70.00 Filing Fee	() \ \$78.75 Filing Fee &	☐ \$78.75 Filing Fee	☐ \$87.50 Filing Fee,
	Certificate of Status	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	PYREQUIRED
FROM:	Ologo (inted or typed)	

Student Saviors inc 15 Egrail com E-mail address: (to be used for future annual report positionation)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2014

KLARISSA KITCHEN 9981 ROBINS NEST ROAD BOCA RATON, FL 33496

SUBJECT: STUDENT SAVIORS INC.

Ref. Number: W14000030502

We have received your document for STUDENT SAVIORS INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 914A00010368

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

ARTICLE 1 NAME The name of the corporation shall be:	actions, Inc.
ARTICLE II PRINCIPAL OFFICE	N. E. S. AMIO. 25
Principal street address:	Mailing address, if different is:
9981 Robins Nested	Student Sations, Inc.
Bora Raton, EL33496	Po Box 970272
	Boca Raton, FL 33497-0272
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 10 ed	ucate Students and parents
regarding Financial aid, Sch	polarships, and grants. TO
exhance hopes and knowl	edge in order to assist
in the venture of pastse	
ARTICLE IV MANNER OF ELECTION The manner in w	hich the directors are elected and appointed: <u>Chan imour</u>
Vote between president and of	
•	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	_
Name and Title: Name ar	nd Title: William Parettes-Vice president
Address 9981 Paline Welled Address	A
Bocardon FC 33496	Covalspring FL 33005
Name and Title: Turnes Kitchent Oghther Name ar	with Chris Moniz-Secretary
Address 998 From Next Rd Address	
Boxa Ration Fr 33494	Bayton Reach Fr 33426
Name and Title: Krilting (ithen Oberation Name as	nd Tibe: Rebecc a Soler baillo - Public Relation
Address 1307 Sucid All Address	
Miani Span F133139	Lake worth FL33449
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• • •		
Name and Title:	Name, and Title	
THE CALL OF THE CA	P.	
Address	Address:	
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Name and Title:	Name and Title:	
Address	Address:	
/ Hudess	ruditess.	
ARTICLE VI REGISTERED AGENT	. 11	
The name and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name: Morissa Hitchen		
^-		
Address: 9981 Robins Nest-Ro	<u> </u>	
Boca Ruter, K. 33"	CA (
DUCK 1 40 h, 19 25	116	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Dorisha Kitalan		
Carla	1	
Address: TID I TODO NOT RE		
Brown R13349C		
the contain, sea	3 11 (
	of process for the above stated corporation at the place designated in this	
certificale, Vam familiar with and accept the appointment	as registered agent and agree to act in this capacity	
Maria &	S	
Required Signature of Registered	1 Agent	
Adding to bis mine of Kedistrict	a rigalia 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.		
W/ 000 /	J 417, 10, 1	
Required Signature of Incorporator Date		
redenser 2 figurine of the	ipotawi Date	