N15000010828

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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SECHEDARY OF STATE

5 NOV -3 PM 12: 0



COVER LETTER ...

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

SUBJECT: Education T.	Education T.E.A.M. II, Inc.						
		ATE NAME – <u>MUST INC</u>					
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 CO	PY REQUIRED				
FROM:	Elsa Ellis Name	(Printed or typed)	_				
	13575 58th Street N						
		Address	-				

Clearwater, Florida 33760

Manager.Ellis@gmail.com

(813) 526-1479

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

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2015

ELSA ELLIS

13575 58TH STREET N CLEARWATER, FL 33760

SUBJECT: EDUCATION T.E.A.M., INC.

Ref. Number: W15000036154

We have received your document for EDUCATION T.E.A.M., INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 715A00010781

ARTICLES OF INCORPORATION

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



ARTICLE I	<u>NAME</u>
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Education T.E.A.M. II Inc.

	PRINCIPAL OFFICE		15 NOV -3	P# 12: 00
	Principal street address: 58th Street N		Mailing address, if diffe SEGGE TARY	OF STATE
Cleary	vater, Florida 33760		,	
• •	which the corporation is organized is:		its members and to establish and represent t	
professional reg	ard for owners, operators, directors, as well	l as general staff i	n these fields. To that end the Corporation w	rill:
a. Promote to th	e public the importance of quality early chi	ldhood, education	, health, and human-social service programs	s. b. Advocate
oneffective qua	lity focused regulation of and guidelines for	the early childho	ood, education, health, and human-social ser	vice programs
c. Provide ment	oring, networking, education-training, enric	chment, and suppo	ort of best practices for early childhood, edu-	cation, health,
and human-soci	al service owners, operators, directors, teach	hers, managemen	t, representatives, and general staff.	
ARTICLE IV	MANNER OF ELECTION The manner		tors are elected and appointed: The directors are elected and appointed:	of the corporation
98 .	Statice wat the metroes and qualifications spec	and in the bylaws t	or the corporation. He no event arises the number of	Circulors be lower
RTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>ORS</u>		
Name and Title:	Elsa Ellis President/ Executive Director	Name and Title:	Dr. R.E. Hooker c/o E. Ransom Dir.	
Address	13575 58th Street N	Address:	1625 Clear Springs Ct.	
Address				

Tracey Pelham Director Name and Title: Name and Title: 2808 Rolling Downs Way Address _____ Address: Loganville, Georgia 30052 Name and Title:_ Name and Title: Address _____ Address:

1			ATWEST
Name and Title:	<u>*</u>	Name and Title:	APPROVEL AND
Address _		Address:	FILED
_			15 NOV -3 PM 12: 05
_		·	
			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name and Title:		Name and Title:	
Address _		Address:	
_			
_			
			,
ARTICLE VI	REGISTERED AGENT		
	<u>lorida street address</u> (P.O. Box NO 1 Elsa Ellis	I acceptable) of the registered agent	is:
Name:	13575 58th Street N		
Address:	***************************************	22760	,
	Clearwater, Florida	33/60	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Elsa Ellis		
Address:	13575 58th Street N		
	Clearwater, Florida	33760	
ADTICLE VIII	FEFECTIVE DATE:	05/2015 NEW 67 5/2015 ORIGINAL OPT	tachive babe
Effective date, if	other than the date of filing: 05/1	5/2015 GRIGINAL (OPT	IONAL)
(If an effective of after the filing.)		ific and cannot be more than five	business days prior or 90 business days
Note: If the date	inserted in this block does not meet	the applicable statutory filing requ	irements, this date will not be listed as the
	ctive date on the Department of State		
Havina hoon na	med as registered agent to accept s	orvice of process for the above sta	ted corporation at the place designated in this
	familiar with and accept the appoint		
\mathcal{L}			05/05/2015
	Required Signature of Regi	stered Agent	Date
I submit this doc	ument and affirm that the facts state nt of State constitutes a third degree f	d herein are true. I am aware that	any false information submitted in a document
w the Departmen	u oj siute constitutes a intra degree f	eiony as proviaea jor in 8.817.155,	
-((+	required Signature of	Incorporator	05/05/2015 Date