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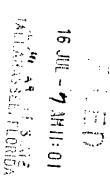
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COVER LETTER

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

THE PRESLEY LEARNING CENTER

BJECT:	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)		
nclosed is an original a	_	ticles of Incorporation and	
\$70.00	\$78.75	□\$78.75	□ \$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
	Certificate of Status	& Certified Copy	Certified Copy & Certificate

18105 ASHTON PARK WAY

TAMPA, FLORIDA 33647

(813)991-9002

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

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

Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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

ARTICLE I - The name of the	• NAME ne corporation shall be:THE PRESLEY LEAF	RNING CENTE	ENC	, ~
ARTICLE II	PRINCIPAL OFFICE		16 JIII .	
Principal <u>street</u> address: 18105 ASHTON PARK WAY			Mailing address, if different is:	7 AHII:01
TAN	IPA, FLORIDA 33647			PLORIDA
 ARTICLE III	PURPOSE THE	PURPOSE OF	THE CORPORATION IS TO PROVIDE A	AND
	or which the corporation is organized is:	 		
INVOLVEM	ENT, AND OTHER SKILLS THAT WOULD) INFLUENCE	THE ACADEMIC GROWTH AND	
DEVELOPM	ENT OF PARTICIPATING INDIVIDUALS			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>DRS</u>	BERNICE D. PRESLEY O	AWS.
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DIRECTO	ORS Name and Title	BERNICE D. PRESLEY O	AWS.
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DIRECTO le:	<u>DRS</u>	BERNICE D. PRESLEY, O	AWS.
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTO IE: IB105 ASHTON PARK WAY TAMPA, FLORIDA 33647 CORDEZ KING DIRECTOR	ORS Name and Title	BERNICE D. PRESLEY, O POST OFFICE BOX 402 LAKE CITY, FLORIDA 32056	AWS.
ARTICLE V Name and Tit Address Name and Tit	INITIAL OFFICERS AND/OR DIRECTO IE: IB105 ASHTON PARK WAY TAMPA, FLORIDA 33647 CORDEZ KING DIRECTOR	ORS Name and Title Address:	BERNICE D. PRESLEY, O POST OFFICE BOX 402 LAKE CITY, FLORIDA 32056	AWS.
ARTICLE IV ARTICLE V Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTO IE: IB105 ASHTON PARK WAY TAMPA, FLORIDA 33647 CORDEZ KING, DIRECTOR	Name and Title Address: Name and Title	BERNICE D. PRESLEY, O POST OFFICE BOX 402 LAKE CITY, FLORIDA 32056 TONY WILLIAMS. O	AWS.
Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTO IE: IDRISSA PRESLEY-PETERSON, PRESI 18105 ASHTON PARK WAY TAMPA, FLORIDA 33647 CORDEZ KING, DIRECTOR 18105 ASHTON PARK WAY TAMPA, FLORIDA 33647 MICHELE PRESI EV. O.	Name and Title Address: Name and Title Address:	BERNICE D. PRESLEY, O POST OFFICE BOX 402 LAKE CITY, FLORIDA 32056 TONY WILLIAMS. O 14099 BELCHER ROAD SOUTH #11: IARGO, fLORIDA 33771	AWS.
ARTICLE V Name and Tit Address Name and Tit	INITIAL OFFICERS AND/OR DIRECTO IE: IDRISSA PRESLEY-PETERSON, PRESI 18105 ASHTON PARK WAY TAMPA, FLORIDA 33647 CORDEZ KING, DIRECTOR 18105 ASHTON PARK WAY TAMPA, FLORIDA 33647 MICHELE PRESI EV. O.	Name and Title Address: Name and Title	BERNICE D. PRESLEY, O POST OFFICE BOX 402 LAKE CITY, FLORIDA 32056 TONY WILLIAMS. O 14099 BELCHER ROAD SOUTH #11: IARGO, fLORIDA 33771	AWS.

Name and Title:]	Name and Title:
		Address:
Name and Title:		Name and Title:
Address		Addioss.
_		
	REGISTERED AGENT orida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	GLYNESE S. PRESL	
Address:	18105 ASHTON PARK WAY	
	TAMPA, FLORIDA 33647	
The name and add Name: Address:	GLYNESE S. PRESL 18105 ASHTON PARK WA	
	TAMPA, FLORIDA 33647	
Effective date, if o	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and	. (OPTIONAL) I cannot be more than five business days prior or 90 business days
	inserted in this block does not meet the app ive date on the Department of State's recor-	olicable statutory filing requirements, this date will not be listed as the ds.
		f process for the above stated corporation at the place designated in this registered agent and agree to act in this capacity
	Required Signature of Registered A	Agent Date
	ment and affirm that the facts stated herein t of State constitutes a third degree felony a	n are true. I am aware that any false information submitted in a document sprovided for in s.817.155, F.S.
	Required Signature of Incorp	orator Date