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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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M. MOON OCT 25 2016

COVER LETTER

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

SUBJECT: <u>tawation</u> <u>Lha</u> (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>)				
Enclosed is an original a	and one (1) copy of the Art	ticles 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: JOSHUA SANDERS BROOKE TO	YET	-
5831 FRIN LANE South # B	16	3.7.1 14.1.1
St. Petersburg, Fl 33712 City, State & Zip	0CT 25	1. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
727-254-7634 Daytime Telephone number	88 H 38	1 5 5 14 A
E-mail address: (to be used for future annual report notification)	ಯ	æm ;≥

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

ARTICLES OF INCOL		- S
ARTICLE I NAME The name of the corporation shall be: Eduration	Inc.	
ARTICLE II PRINCIPAL OFFICE		725 AAY
Principal street address: 5831 ERIN LANE South 4.3	Mailing address, if different is:	AH II: 38
C. france and CI	-	
ARTICLE III PURPOSE 33'112 The number for which the composition is organized is: IMP CM	it the communi	ity and
	ve societal co	ntribution S
ora ani Zatronal partner	ve societal co ships, and ea	durational/
inspirational Services	——————————————————————————————————————	
		
	Λ /20	u a a t a c
Jubrutted to to Board > Vo	TING -> SECURING VCOPPORATION BYU	6 0F
POSITION AS INDICATED IN 11 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	ucorporation Byu	9W5.
Name and Title: President - SANDERS Name and Ti	itle: VICE PRESIDENT	- BROOKE DYEN
Address 5831 FRIN LANES, Address:	5831 ERIN LANE	Jordn '
# B	# 15	- C 25712
ST. PETERS BURG, PL	ST. PETERS BURG	1,10 23/12
Name and Title: JOHN JOHNSON - Name and T.		MNSON-
Address 1/565 7th LANE Address:	11565 7-12 LANE	DIRECTOR
NORTH # 1604	NORTH # 1604	11/
ST. PETERS BURG FL 337/6 DIEFLA	OR ST. PETERSBURG,	A 33116
Name and Title H2Myne Green Name and T	いっ りょくりん スルイ	+- DIRECTOR
Address 4018 4312 St. J. Address:	· · · · · · · · · · · · · · · · · · ·	BIVD. NORTH
ST. PETERSBURG, FL	# 102	- 0 22 742
23711	1+ KTERSBUR	G, FL 33702

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•	•	
Name and Title:	Name and Title:	
·	Address:	
		
Name and Title:	Name and Title:	
Address	Address:	
		16 DC
		ဟာ သို့သို့
ARTICLE VI REGISTERED	GENT	
The name and Florida street add	ess (P.O. Box NOT acceptable) of the registered agent is:	〒 1.2 3 ※
Name: DROOK?		ထိ မို့ဂ
Address: 5831	ERIN LANE SONTHIB.	
ST. OF	TERS BURG, FL 33712	
<u> </u>	10.00 1000	
ARTICLE VII INCORPORAT		
The <u>name and address</u> of the Inco	·	
Name: <u>JOS</u> +	UA SANBURD	
Address: <u>5831</u>	ERIN LANE SOUTH #B	
STIP	ETERS BURG, FL 33712	
ARTICLE VIII EFFECTIVE L	ATE:	
Effective date, if other than the da	e of filing: (OPTIONAL) date must be specific and cannot be more than five business	days prior or 90 business day
after the filing.)		· ·
	lock does not meet the applicable statutory filing requirements, t	this date will not be listed as the
document's effective date on the I	epartment of State's records.	
Having hoon named as registered	agent to accept service of process for the above stated corpor	ration at the place designated is
	accept the appointment as registered agent and agree to act in the	
	'MILLE	10/1/16
Requir	Signature of Registered Agent	Date
I submit this document and affirm	That the facts stated herein are true. I am aware that any false i	information submitted in a doci
to the Department of State constit	tes a third degree felony as provided for in s.817.155, F.S.	
hel a	quired Signature of Incorporator	10-7-16
- The second D	dured Signature of Incorporator	Date