

N18 000 003 284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

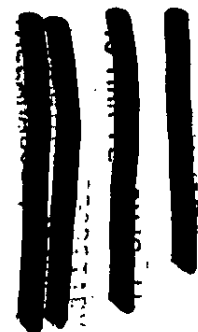
*Contacted M. Martinez  
for permission.  
Name change.  
Do 3/23/18*

Office Use Only



600307605366

02/16/18--01019--014 \*\*87.50



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAR 23 PM 12:15

FILED

D O'KEEFE

MAR 26 2018

W18-17513



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2018 MAR -7 PM 12:40

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

February 21, 2018

MAGN MARTINEZ  
8 PECAN RUN COURSE  
OCALA, FL 34472

SUBJECT: NEW GENERATION LEARNING CENTER CORPORATION  
Ref. Number: W18000017513

We have received your document for NEW GENERATION LEARNING CENTER CORPORATION 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.

The document number of the name conflict is P96000014287.

Please return 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 918A00003634

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAR 23 PM 12:15

FILED

COVER LETTER

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

SUBJECT: Generation Path for Success Inc.  
(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: Magna Martinez  
Name (Printed or typed)

8 Pecan Run Course  
Address

Ocala fl 34472  
City, State & Zip

352 292 2599  
Daytime Telephone number

elou8123@gmail.com  
E-mail address: (to be used for future annual report notification)

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

*Contacted M. Martinez*

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: ~~Generation Pathway Center Corporation~~

## ARTICLE II PRINCIPAL OFFICE

Generation Path for Success

Inc.

Principal street address:

Mailing address, if different is:

8 Pecan Run Course,  
Ocala Fl 34472

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NGLC is a program that provides motivation, Self - Confidence, discipline and essential tools or skills to help become Successful Scholars. Our Vision is to innovate, Strengthen, Create and provide growth to our youth and to further pursue their interest and passion

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors are elected and appointed by regular meetings, Special meetings and Voting

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ercia Martinez/Director/President

Name and Title:

Address

8 Pecan Run Course  
Ocala Fl 34472

Address:

Name and Title:

Magna Martinez/Director/Treasury

Name and Title:

Address

8 Pecan Run Course  
Ocala Fl 34472

Address:

Name and Title:

Beatrice Oneida Johnson-Director/Secretary

Name and Title:

Address

29 Oak loop  
Ocala Fl 34472

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAR 23 PM 12:15

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: Magna Martinez

Address: 8 Pecan Run Course

Ocala Fl 34472

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Magna Martinez

Address: 8 Pecan Run Course

Ocala Fl 34472

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAR 23 PM 12:15

FILED

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Magna Martinez

Required Signature of Registered Agent

2-14-18

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.*

Magna Martinez

Required Signature of Incorporator

2-14-18

Date