

N19 000 002 689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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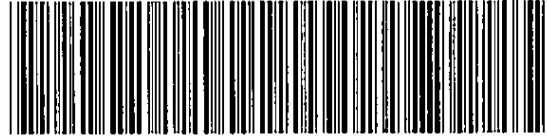
(Business Entity Name)

(Document Number)

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

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MAR 14 2019

## COVER LETTER

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

SUBJECT: Suttons tutoring for Youths  
(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: Denitrice L. Sutton  
Name (Printed or typed)

8834 Maewalter Ln  
Address

Tall. FL. 32317  
City, State & Zip

850 756 4296  
Daytime Telephone number

denitrice.sutton@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Suttons Tutoring For Youth Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8834 Mae Walker Ln

Mailing address, if different is:

Same

Tallahassee Florida 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tutoring Kids

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as stated in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Denitrice Sutton Director

Address: 8834 Mae Walker Ln  
Tall FL 32317

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: Denitric L. Sutton

Address: 8834 Mae Walter Ln

Tall. FL 32317

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Denitric Sutton

Address: 8834 Mae Walter Ln

Tall. FL 32317

**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

Denitric L. Sutton  
Required Signature of Registered Agent

3/14/19  
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.

Denitric L. Sutton  
Required Signature of Incorporator

3/14/19  
Date

FILED  
2019 MAR 14 PM 5:03  
CLERK OF THE COURT  
JANUARY 1, 2019