

naawoo 01601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

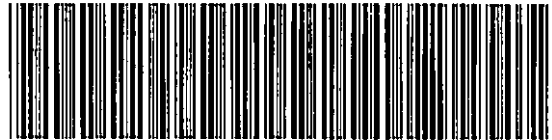
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

T. SCOTT

FEB 16 2022



600380790046

22 JAN 31 PM 12:43

## COVER LETTER

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

**SUBJECT:** Eye Mentoring & Tutoring, 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:** Catherine Stewart  
\_\_\_\_\_  
Name (Printed or typed)

P.O. Box 1653  
\_\_\_\_\_  
Address

DeLand FL 32721  
\_\_\_\_\_  
City, State & Zip

3864531715  
\_\_\_\_\_  
Daytime Telephone number

west\_4hope@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: Eye Mentoring & Tutoring Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2787 N. Juliet Dr.

Deltona, Florida 32738

Mailing address, if different is:  
P.O. Box 1653

DeLand, FL 32721

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Our purpose is to provide quality tutoring that supports student learning  
and empowers students to achieve success. To provide safe and adequate learning environments. Also to provide a welcoming  
and comfortable environment that supports teacher instruction and supplements student learning.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Voting

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Catherine Stewart/Chief Executive Officer

Address: P.O. Box 1653

DeLand FL 32721

Name and Title: Officer Selection In Progress

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

Name and Title: Officer Selection In Progress

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

Name and Title: Officer Selection In Progress

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

Name and Title: Officer Selection In Progress

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

Name and Title: Officer Selection In Progress

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

22 JAN 31 PM 12:43

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: Catherine Stewart \_\_\_\_\_

Address: 2787 N. Juliet Dr \_\_\_\_\_

Deltona, Florida 32738 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Catherine Stewart \_\_\_\_\_

Address: P.O. Box 1653 \_\_\_\_\_

DeLand, FL 32721 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: N/A (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*

Catherine Stewart  
Required Signature of Registered Agent

January 27, 2022  
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.*

Catherine Stewart  
Required Signature of Incorporator

January 27, 2022  
Date

# Eye Mentoring & Tutoring, Inc.

---

P.O. Box 1653  
Deland, Florida 32721  
(386) 453-1715  
[west\\_4hope@yahoo.com](mailto:west_4hope@yahoo.com)

Jan 27, 2022

CC: Department of State

Dear Division of Corporations,

The application for Non Profit Status, requests the name and title of all officers. In our case, we are currently still in the process of officer selection. We will submit a change or update our documents once this process is complete.

Sincerely, ,



Catherine Stewart