

N22000008301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

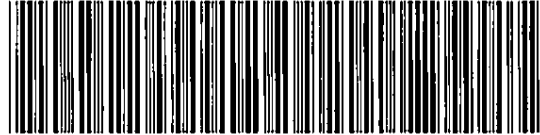
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
JUL 22 2022

22 JUL 21 PM 2:46

RECEIVED

2022 JUL 21 PM 12:13

CLERK OF CIRCUIT
FALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please sue funds from the account: 120210000160, AMOUNT: \$ 70.00

Authorized Signature: [Signature]

SC ORGANIZATION OF LEARNING Inc.

Business

Document #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☒ **X** **CORP**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE ()

Country

EXAMINER'S INITIALS: _____

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

☐ **Revocation**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

22 JUL 21 AM 2:46



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: SC ORGANIZATION OF LEARNING INC
Ref. Number: W22000095549

22 JUL 21 AM 2:46

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The document must have original signatures. (Cannot be from online or

If you have any further questions concerning your document, please call (850) 245-6052. a printed document.)

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 622A00016333

RECEIVED
2022 JUL 21 PM 4:28
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SC Organization of Learning 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: Ye Zhang
Name (Printed or typed)

12905 SW 42nd St Unit 222
Address

Miami, FL 33175
City, State & Zip

305-310-0315
Daytime Telephone number

confirmation@ivy-cpa.com
E-mail address: (to be used for future annual report notification)

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

22 JUL 21 AM 2:46

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

ARTICLE I NAME

The name of the corporation shall be: SC Organization of Learning Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4850 N.W 17 AVE, MIAMI, FL 33142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to provide tutoring service to children with learning disabilities in the inner city communities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Per the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Christopher Sweeting (PSTD)</u>	Name and Title:	<u>Ashli Easterling (D)</u>
Address	<u>4850 NW 17th Ave</u>	Address:	<u>4850 NW 17th Ave</u>
	<u>Miami, FL 33142</u>		<u>Miami, FL 33142</u>
<hr/>			
Name and Title:	<u>Deondra Smith (D)</u>	Name and Title:	<u>Sabriya Sweeting (D)</u>
Address	<u>4850 NW 17th Ave</u>	Address:	<u>4850 NW 17th Ave</u>
	<u>Miami, FL 33142</u>		<u>Miami, FL 33142</u>
<hr/>			
Name and Title:	<u>Christopher Sweeting Jr. (D)</u>	Name and Title:	<u>Rushae Sweeting (VP,D)</u>
Address	<u>4850 NW 17th Ave</u>	Address:	<u>4850 NW 17th Ave</u>
	<u>Miami, FL 33142</u>		<u>Miami, FL 33142</u>
<hr/>			

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

22 JUL 21 AM 2:55

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Christopher Sweeting

Address: 4850 NW 17th Ave

Miami, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Sweeting

Address: 4850 NW 17th Ave

Miami, FL 33142

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

Christopher Sweeting
Required Signature of Registered Agent

7/20/2022
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.

Christopher Sweeting
Required Signature of Incorporator

7/20/2022
Date