

N 24000003190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

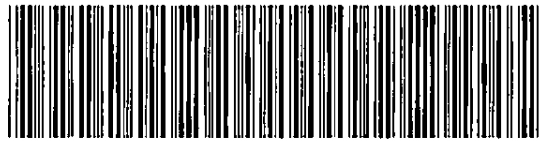
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/13/24--01010--001 **70.00

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2024 FEB 13 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FL

T. J. B. INC

1/1/24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2024

YOLISWA JARRET
6911 W. SUNRISE BLVD APT 208
PLANTATION, FL 33313 US

SUBJECT: PROTEA MONTESSORI INC.
Ref. Number: W24000038022

We have received your document for PROTEA MONTESSORI INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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.

One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tekayla T Matthews
Regulatory Specialist II

Letter Number: 024A00005058

COVER LETTER

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

SUBJECT: PROTEA MONTESSORI 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: Yoliswa Jarrett

Name (Printed or typed)

6911 W Sunrise Blvd Apt 208

Address

Plantation, FL, 33313

City, State & Zip

2022941332

Daytime Telephone number

yoliswa@proteamontessori.org

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: Protea Montessori Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

2024 FEB 13 PM 4:02

Principal street address:
1820 SW 98th Ave

Mailing address, if different is:
STATE
FLORIDA
FL

Miramar, FL

33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: School

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As prescribed by the by law.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yoliswa C Jarrett - Board Chair

Name and Title: Anne L Nicot

Address: 6911 W Sunrise Blvd, Apt 208
Plantation, FL
33313

Address: 1820 SW 98th Ave
Miramar, FL
33025

Name and Title: Tania Castro
Address: 97496 Albatross Dr
Yulee, FL
32097

Name and Title: Shanasha Thomas
Address: 13337 SW 27th St
Miramar, FL
33027

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Anne L Nicot _____

Address: 1820 SW 98th Ave _____

Miramar, FL, 33025 _____

ARTICLE VII INCORPORATOR

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

Name: Yoliswa C Jarrett _____

Address: 6911 W Sunrise Blvd, Apt 208 _____

Plantation, FL, 33313 _____

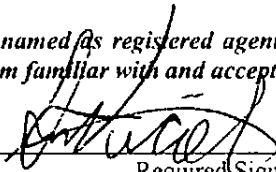
ARTICLE VIII EFFECTIVE DATE:

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

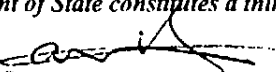


Required Signature of Registered Agent

2/2/2024

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.



Required Signature of Incorporator

2/2/2024

Date