

FD1000063909

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

800004448008--7

-06/27/01--01064--012

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Teacher Assistance, Corp.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
01 JUN 27 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

RECEIVED  
01 JUN 27 PM 12:30  
DIVISION OF CORPORATION

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

4/62

Examiner's Initials

Date JUNE 26, 20001

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re TEACHER ASSISTANCE, CORP., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation, and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

TEACHER ASSISTANCE, CORP.  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
2111 NW 14 STREET		
MIAMI, FLORIDA 33125		
PHONE		
( 305 )	634-6380	
Area Code	Phone Number	Ext.

ARTICLES OF INCORPORATION

of

TEACHER ASSISTANCE, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

TEACHER ASSISTANCE, CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	JULIETA A. FAYOS MARINI		
ADDRESS	2111 NW 14 STREET		
CITY	MIAMI	STATE	FLORIDA ZIP 33125

The principal office, if known, or the mailing address of the corporation is:

NAME	TEACHER ASSISTANCE, CORP.		
ADDRESS	2111 NW 14 STREET		
CITY	MIAMI	STATE	FLORIDA ZIP 33125

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	JULIETA A. FAYOS MARINI	PRESIDENT
ADDRESS	2111 NW 14 STREET	
CITY	MIAMI	STATE FLORIDA ZIP 33125
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

FILED  
01 JUN 27 PM 1:56  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

# **Article VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JULIETA A. FAYOS MARINI		
ADDRESS	2111 NW 14 STREET		
CITY	MIAMI	STATE	FLORIDA ZIP 33125
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 26 day of JUNE, XX 2001.

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

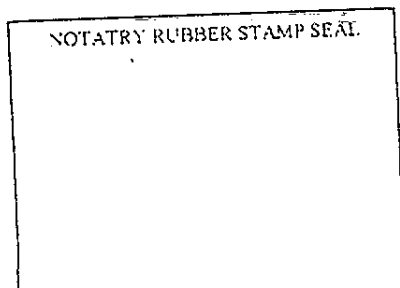
\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )  
SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared JULIETA A. FAYOS MARINI

<u>Julieta A. Fayos Marini</u> Signature	<u>PASSPORT# 25007651N / ARGENTINA</u> Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that SHE executed these articles of Incorporation, that I relied upon the form XX of identification of the above named person XX as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this 26 day of JUNE, XX 2001

\_\_\_\_\_  
Notary Signature

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

TEACHER ASSISTANCE, CORP.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 2111 NW 14 STREET

MIAMI, FLORIDA 33125

has named JULIETA A. FAYOS MARINI

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
(registered agent)

**FILED**  
01 JUN 27 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA