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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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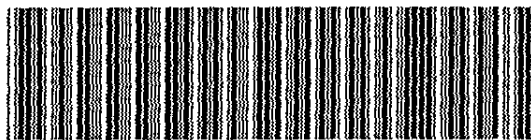
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02 NOV 12 AM 10:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11/14/02 NOV 14 2002

TRANSMITTAL LETTER

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

SUBJECT: ARLYNE MENTORING, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: ARLYNE GELMAN
Name (Printed or typed)

619 VILLAGE LAKE DRIVE
Address

WESTON FLORIDA 33326
City, State & Zip

(954) 389-0080
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Aryne Mentoring, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

619 Village Lake Drive, Weston, Florida 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

mentoring and instructing educators and teachers in training.

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (100) shares, No PAR

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Aryne Gelman, 619 Village Lake Drive, Weston, FL 33326, President-Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Aryne Gelman, 619 Village Lake Drive, Weston, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Aryne Gelman, 619 Village Lake Drive, Weston, FL 33326

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

Aryne Gelman
Signature/Registered Agent

11/1/02
Date

Aryne Gelman
Signature/Incorporator

11/1/02
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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