

P03000060045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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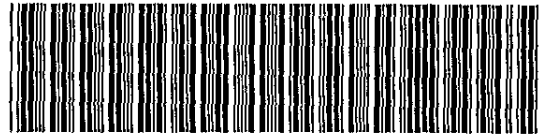
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/03--01040--018 **78.75

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03 May 23 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Educare Academy, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Maribel Ortiz
Name (Printed or typed)

9718 Fox Hollow Road
Address

Tampa, FL 33647
City, State & Zip

813-994-9194 or 813-727-6290
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:

Educare Academy, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1415 Ashley Street
Tampa, FL 33602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Preschool

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Maribel Ortiz- President
9718 Fox Hollow Road
Tampa, FL 33647

Jose R. Ortiz - Vice President
9718 Fox Hollow Rd
Tampa, FL 33647

ARTICLE VI REGISTERED AGENT

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

Maribel Ortiz
9718 Fox Hollow Road
Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maribel Ortiz
9718 Fox Hollow Road
Tampa, FL 33647

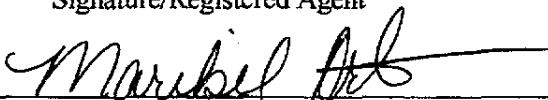
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5-21-03

Date



Signature/Incorporator

5-21-03

Date

FILED
03 May 23 PM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA