

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



05/23/03--01044--023 **87.50

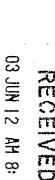


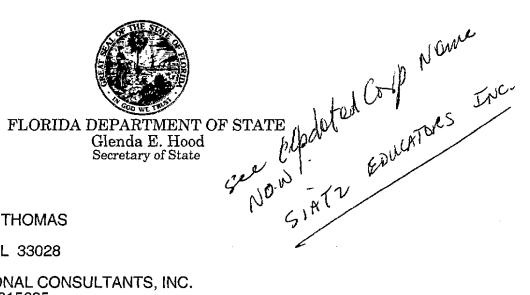
TRANSMITTAL LETTER

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

SUBJECT:	EDUCATIONAL		
	(PROPOSED CORPORA'	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
□ \$70.00	□ \$78.75	□ \$78.75 Filing Fee	X 887 50
	Filing Fee	Filing Fee	Filing Fee,
1 mig 1 cc	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
		<u> </u>	
FROM:	SIMONE WATE	TE / IAN TO	HOMAS
	Name	(Printed or typed)	
		01	
	15830 NW	14 Rd.	
		Address	
		0 %	0.0
	PEMBROKE City.	PINES, FL.	33028
	City,	State & Zip	
		10-10-	ž mas sam
	954 261-7719 Daytime T	1 954 967-	.1545
	Daytime 1	elephone number	

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





June 3, 2003

SIMONE WAITE / IAN THOMAS 15830 NW 14 RD. PEMBROKE PINES, FL 33028

SUBJECT: EDUCATIONAL CONSULTANTS, INC.

Ref. Number: W03000015625

SEE NEW NAME ON ATTACHED

We have received your document for EDUCATIONAL CONSULTANTS, INC.. However, the document has not been filed and is being returned for the following:

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P01000051152.

Please return the original and one copy of 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) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 003A00034654

ARTICLES OF INCORPORATION

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

ARTICL	EI	NAME
--------	----	------

The name of the corporation shall be: SIATZ EDUCATORS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

15830 N.W. 14 Rd. PEMBROKE PINES, FL. 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROJIDE PROFESSIONAL DEVELOPMENT, FACILITATION & INSTRUCTION TO SCHOOLS & EDUCATORS

ARTICLE IV

The number of shares of stock is:

(100) - ONE HUNDRED --PAR VALUE OF \$1.00 EACH.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): SiMONE WAITE (AKA SIMONE WAITE - THOMAS)

IAN THOMAS

BOTH OF 15830 NW 14 Rd.

PEMBROKE PINES, FL. 33028

REGISTERED AGENT ARTICLE VI

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

MICHELLE ELLIOTT

15820 N.W. 14 Rd.

PEMBROKE PINES, FL. 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SIMONE WAITE 15830 NW 14 Rd

PEMBROKE PINES, FL. 33028

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