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PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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DIVISION OF CUST SIGNION

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LAZARUS CORPORATE FILIN	NG SERVICE	
3320 S.W. 87 AVENUE	<u> </u>	
MIAMI, FLORIDA (305)552-5973		
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•	OFFICE USE ONLY	
CORPORATION NAME(S) & DO	OCUMENT NUMBER(S) (if known):	
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(Corporation Name)	(Document #)	
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Walk in Pick up time		÷ .
walk in the up time	Common copy	
Mail out Will wait	Photocopy Certificate of Statu	<b>s</b>
NEW FILINGS	AMENDMENTS	
Profit	Amendment	<del></del> .
NonProfit	Resignation of R.A., Officer/Director	
. Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	<b>=</b>
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OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	
_	Other	er's Initials
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Fill out and E-mail us or Fax to: (305) 220-1440

DIVISION OF CORPORATIONS

03 SEP 17 PM 1:01

Article I Name
The name of the corporation shall be:

## GISPERT TUTORING CENTER T NIC.

Article II Principal Office
The principal place of business/mailing address is:

20225 SW 85th Court Migmi, FL 88189

Article III Purpose
The purpose for which the corporation is organized is:

To provide on-site one-on-one tutoring in all subjects for grades pre-kindergarten – 12 grade.

Article IV Shares
The number of shares of stock is:

100

Article V Initial Officers/Directors The name(s) and address(es):

President: Anamary Gispert (40 Shares)
VICE President: Alex Gispert (30 Shares)
Administrative Assistant: Ana Gispert (15 Shares)
Administrative Assistant: Andre Gispert (15 Shares)

Article VI Registered Agent
The name and Florida street address registered agent is:

Alex Gispert, (20225 SW 85th Court) Migrai, FL 83189

Article VII Incorporator
The name and address of the Incorporator is:

Anamary Gispert, (20225 SW 85th Court) Migmi, FL 83189

Having been named as registered agent and 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 agree to act in this capacity.

Signature/Registered Agent

Date

Signature/Incorporator

Date