## F34000029073

(Requestor's Name)				
(Address)				
(Address)				
( 1.2.1.2.2.)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dubinose Linas, Haine)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to I ming Officer.				





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## TRANSMITTAL LETTER

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

SUBJECT: EDUCATION SOLUTIONS, P. A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
		1C'	a shoot Com	
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  ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Norma Blackman Name (Printed or typed)				
226 N. EUCLID Avenue				
LAKE Holon. FL 32744  City, State & Zip				
954-816-2490 Daytime Telephone number				

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



January 15, 2004

NORMA BLACKMAN 226 N. EUCLID AVE. LAKE HELEN, FL 32744

SUBJECT: EDUCATION SOLUTIONS, P.A.

Ref. Number: W04000002149

We have received your document for EDUCATION SOLUTIONS, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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) 245-6995.

Letter Number: 804A00002960

Wanda Cunningham Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 04 FEB -6 PM 2: 23 ARTICLE I The name of the corporation shall be: EDUCATION SOLUTIONS, P.A. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 226 N. EUCLID AVE. Lake Helen. FL 32744 ARTICLE III PURPOSE The purpose for which the corporation is organized is: resource rooms and programs for students with special needs; the number of shares of stock is: services; the number of shares of stock is: services; The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): NORMA BLACKMAN, CO-PRESIDENT LES GORDON, CO-PRESIDENT 226 N. Euclis Ave. 8270 NW 40 ST. Luke Helen. FL 32744 Coral Springs . F1 33065 REGISTERED AGENT The name and Florida street address of the registered agent is: Norma Blackman 226 N. EUCLID ACC. Lake Helew. FL 32744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Noema Blackman 226 N EUCLID AVE Lake Helen. FL 32744 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

Signature/Incorporator