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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

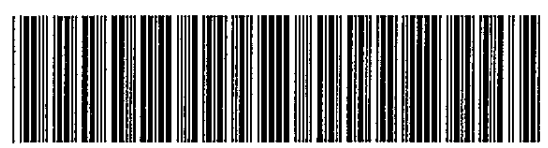
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: FOCAL Education, 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: STEPHEN J. PHILLIPS

Name (Printed or typed)

4205 OLD RD 37 #9

Address

LAKELAND, FLORIDA 33813

City, State & Zip

941-745-3390

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:

FOCAL EDUCATION, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4205 OLD RD 37 #9 LAKELAND, FLORIDA 33813

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:

500/ FIVE HUNDRED

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

1.COREY C SIGOUIN / DIRECTOR 6932 124 AVE LARGO, FLORIDA 33773 2. STEPHEN J PHILLIPS/DIRECTOR 4205 OLD RD 37 #9 LAKELAND, FLORIDA 33813

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

STEPHEN J. PHILLIPS 4205 OLD RD 37 #9 LAKELAND, FLORIDA 33813

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEPHEN J. PHILLIPS 4205 OLD RD 37 #9 LAKELAND, FLORIDA 33813

\*\*\*\*\*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

FILED

04 JUL 19 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA