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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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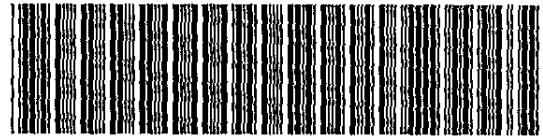
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: JOEL INSTITUTE 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: Esther Crownborn  
Name (Printed or typed)

2202 N. Westshore Blvd, Suite 200  
Address

Tampa, Florida 33607  
City, State & Zip

813 777 6086  
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:

JOEL INSTITUTE INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

HERITAGE HARBOR, 19267 FISHERMANS BEND DR, LUTZ 33558

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Education, Training, Communication and Research

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 - One thousand

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

PAULA ESTHER CROWNBORN  
2202 N. WESTSHORE BLVD, SUITE 200  
TAMPA FL 33607

**ARTICLE VI REGISTERED AGENT**

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

PAULA ESTHER CROWNBORN  
2202 N. WESTSHORE BLVD, SUITE 200  
TAMPA FL 33607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

PAULA ESTHER CROWNBORN  
2202 N. WESTSHORE BLVD, SUITE 200  
TAMPA FL 33607

\*\*\*\*\*

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

Paula Crownborn  
Signature/Registered Agent

Paula Crownborn  
Signature/Incorporator

03/01/06  
Date

03/01/06  
Date

FILED  
2006 MAR -3 A 10:14  
CLERK OF CIRCUIT COURT  
HILLSBORO COUNTY, FLORIDA