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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -9 AM 11:34

W06-24593

COVER LETTER

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

SUBJECT: _____

Summit Tutorial 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: _____

Ed Cwrefg

Name (Printed or typed)

7920 NW 50 st. #207

Address

Lauderhill FL 33351

City, State & Zip

(954) 583-9288

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2006

JEANEE THOMPSON
7920 NW 50TH ST.
SUITE 207
LAUDERHILL, FL 33351

SUBJECT: SUMMIT TUTORIAL INC.
Ref. Number: W06000024593

We have received your document for SUMMIT TUTORIAL INC. 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6972.

Doris Brown
Document Specialist
New Filing Section

Letter Number: 206A00037389

Summit Health Care

"Quality Personnel...Guaranteed"

**SUMMIT
HEALTH
CARE**

**"FINALLY A STAFFING SERVICE WORKING EXCLUSIVELY IN
THE MEDICAL FIELD YOU CAN COUNT ON....SINCE 1993"**



TO: Mary Ann

PHONE:

FAX:

FROM: Ed

PAGES: 4

DATE: 6/17/06

RECEIVED
06 JUN -9 PM 12:38
DEPARTMENT OF STATE
DIVISION OF CONSUL AFFAIRS
TALLAHASSEE, FL 32304

Mary Ann...

We just spoke... can you call me
at (954) 583-9288 & let me know
what part you can't read?

Thank You... Ed (954) 583
9288

PLANTATION

6905 W. Broward Blvd. #109

Plantation, FL 33317

(954) 583-9288

FAX (954) 583-9275

WINTER PARK

1850 Lee Road

Winter Park, FL 32789

(407) 740-0056

FAX (407) 740-0093

TAMPA

4890 W. Kennedy Blvd.

Tampa, FL 33609

(813) 281-0038

FAX (813) 281-0178

JACKSONVILLE

6950 Phillips Highway

Jacksonville, FL 32216

(904) 298-6003

FAX (904) 298-2002

CHARLOTTE

4530 Park Road

Charlotte, NC 28209

(704) 676-9966

FAX (704) 676-9977

BALTIMORE

110 West Road

Baltimore, MD 21204

(410) 321-4610

FAX (410) 321-4611

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:

Summit Tutorial Inc.

SUMMIT TUTORIAL INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

*7301 NW 4 st.
Suite 101
Plantation, FL 33317*

7301 NW 4TH STREET, SUITE 101
PLANTATION, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tutoring services

TUTORING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JEANNE THOMPSON

51 shares Jeanne Thompson - President

*7920 NW 50 st
Suite 207*

49 shares Ed Cwieka - Vice President

ED CWIEKA

7920 NW 50TH STREET, SUITE 207

LAUDERHILL, FL 33351

Lauderhill, FL 33351

ARTICLE VI REGISTERED AGENT

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

JEANNE THOMPSON

7920 NW 50TH STREET, SUITE 207

LAUDERHILL, FL 33351

*Jeanne Thompson
7920 NW 50 st.
Suite 207*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ED CWIEKA

7301 NW 4TH STREET

SUITE 101

PLANTATION, FL 33317

*Ed Cwieka
7301 NW 4 st.
Suite 101
Plantation, FL 33317*

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]
Signature/Registered Agent

5/22/08
Date

[Signature]
Signature/Incorporator

5/22/08
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -9 AM 11:34