

PO6000082003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

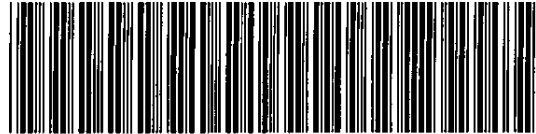
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/14/06--01010--002 **70.00

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06 JUN 14 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
6/16

COVER LETTER

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

SUBJECT: The Madison School of Etiquette, 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: Tammi S. Madison

Name (Printed or typed)

1640 Starfish Street

Address

Kissimmee, FL 34744

City, State & Zip

407-847-7949

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:

The Madison School of Etiquette, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1640 Starfish Street
Kissimmee, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To train children and adolescents proper dining and public mannerisms.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tammi S. Madison
1640 Starfish Street
Kissimmee, FL 34744
President

ARTICLE VI REGISTERED AGENT

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

Tammi S. Madison
1640 Starfish Street
Kissimmee, FL 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tammi S. Madison
1640 Starfish Street
Kissimmee, FL 34744

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

FILED

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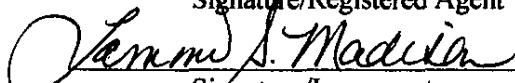
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Signature/Registered Agent

6/7/06

Date



Signature/Incorporator

6/7/06

Date