

PO7000072823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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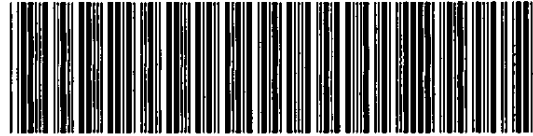
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** DYSLEXIA SOLUTIONS, 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:** FRANK J. McKEOWN, III  
Name (Printed or typed)

1036 THE POINTE DRIVE  
Address

WEST PALM BEACH, FLORIDA 33409  
City, State & Zip

1.561.478.8118  
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:

DYSLEXIA SOLUTIONS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1036 THE POINTE DRIVE  
WEST PALM BEACH, FL 33409

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EDUCATIONAL - TRAINING FOR DYSLEXIC PERSONS

## ARTICLE IV SHARES

The number of shares of stock is:

TEN (10)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FRANK J. McKEOWN, III, PRESIDENT/DIRECTOR  
1036 THE POINTE DRIVE  
WEST PALM BEACH, FL 33409

## ARTICLE VI REGISTERED AGENT

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

FRANK J. McKEOWN, III, PRESIDENT/DIRECTOR  
1036 THE POINTE DRIVE  
WEST PALM BEACH, FL 33409

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANK J. McKEOWN, III, PRESIDENT/DIRECTOR  
1036 THE POINTE DRIVE  
WEST PALM BEACH, FL 33409

\*\*\*\*\*  
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

FILED

07 JUN 21 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/18/07

\_\_\_\_\_  
Date

6/18/07

\_\_\_\_\_  
Date