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		MAIL
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Certified Copies	_ Certificates	of Status
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03/21/08--01015--002 \*\*78.75

FILED DIVISION OF CORPORATIONS 08 MAR 21 PH 2: 25

# **COVER LETTER**

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

SUBJECT: Early Childhood Education Excellence, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

STO.00 Filing Fee

✓ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75	\$87.50
Filing Fee	Filing Fee,
-	
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

FROM: Shmuel Novack

Name (Printed or typed)

7883 Chase Meadows Dr E

Address

Jacksonville, FL 32256

City, State & Zip

(904) 476-0366

Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.  $\backslash$ 

## **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:

Early Childhood Education Excellence, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principle **street** address and mailing address, if different is: 7883 Chase Meadows Dr E Jacksonville, FL 32256

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To successfully provide the optimum in early childhood education

#### ARTICLE IV SHARES

The number of shares of stock is: 10

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Shmuel Novack, President 7883 Chase Meadows Dr E Jacksonville, FL 32256 Chana Novack, Vice President 7883 Chase Meadows Dr E Jacksonville, FL 32256

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Shmuel Novack, 7883 Chase Meadows Dr E Jacksonville, FL 32256

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Shmuel Novack, 7883 Chase Meadows Dr E Jacksonville, FL 32256

certificate, [ am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date Date

SECRETARY OF STAIL

Signature/Incorporator