

PO9000001636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

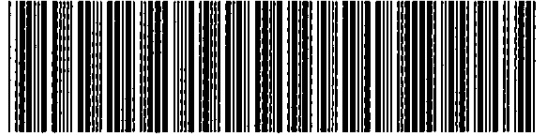
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
CALIFORNIA

09 JAN -5 AM 9:03

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*[Handwritten signature]*

**COVER LETTER**

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

SUBJECT: EDUCATIONAL INNOVATORS 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: ANDREW M REGINERY  
Name (Printed or typed)  
140 SE CRESTWOOD CIRCLE  
Address  
STUART, FL 34997  
City, State & Zip  
561-301-4504  
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:

EDUCATIONAL INNOVATORS INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

140 SE CRESTWOOD CIRCLE  
STUART, FL 34997

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

EDUCATION SERVICES

**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):

ANDREW M. REGNERY  
140 SE CRESTWOOD CIRCLE, STUART FL  
34997  
TITLE - PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

ANDREW M. REGNERY  
140 SE CRESTWOOD CIRCLE, STUART, FL  
34997

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ANDREW M. REGNERY  
140 SE CRESTWOOD CIRCLE, STUART FL  
34997

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TALLAHASSEE, FLORIDA

\*\*\*\*\*  
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

AM Regnery  
Signature/Registered Agent

12/30/08  
Date

AM Regnery  
Signature/Incorporator

12/30/08  
Date