

PO9000001636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

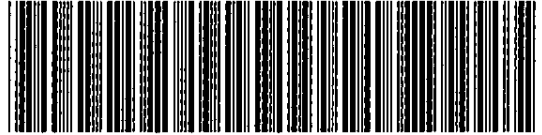
(Business Entity Name)

(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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA