P09000003727

(Requestor's Name)
(Address)
(Address)
(188,000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
_
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



900139241229



12/29/08--01052--008 **87.50

08 DEC 29 PH 4: 48
SECRETARY OF STATE
TAIL AHASSEE, FLORIDI

1118 57072

COVER LETTER

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

SUBJECT:	Authentin	c LANGUAG.	e Learnin
Enclosed are an orig	(PROPOSED CORPORA	TE NAME - MUST INCL	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: mailing ashlers Pr Box 4698 Seminole, Pl	. 700 3	Printed or typed) Harkey Canddress Flags FL State & Zip	DR # 213
33775		678-482 Telephone number	2

NOTE: Please provide the original and one copy of the articles.



December 30, 2008

CATHERINE STEARNS 700 STARKEY RD #213 LARGO, FL 33775

SUBJECT: AUTHENTIC LANGUAGE LEARNING

Ref. Number: W08000057092

We have received your document for AUTHENTIC LANGUAGE LEARNING and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2009 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 508A00061995

Valerie Herring Regulatory Specialist II New Filing Section

Division of Cornerations DO DOV 6227 Tallahagges Florida 20214

APPROVEC AND FILED

08 DEC 29 PH 4: 48

In compliance wit	h Chapter 607 and/or	Chapter 621, F.S. (Pro	ofit) SEURE I TALLAH	ARY OF STATE ASSEE, FLORIDA	
ARTICLE I The name of the co	NAME orporation shall be:	authentic	Larguage	Learning, INC.	
The principal street	PRINCIPAL OFF	address if different is:		- F1 3377 1	
ARTICLE III	PURPOSE SON	1, vole, FL 33715	Semiuole	6, FL 33775	
To pro	rote forei	g~ /angung	je rescure	es and learning.	
ARTICLE IV The number of sha	SHARES res of stock is: /	00			
List name(s), addr	() 1 16 - 4	RS AND/OR DIRECTION (S):		President, Societory	t
		AGENT P.O. Box NOT acceptate 700 5 + a Largo, Fa			
ARTICLE VII The name and add	INCORPORATO Iress of the Incorpora	tor is: Cather 700 : LArg=	rine Star Starkey R	rns & to 213	
VIII. F. A. da	e DITE L. G.	Arg=	2009	******	
Having been named a	is registered agent to acc	ept service of process for the pointment as registered agen	e above stated corporati	on at the place designated in this	
Si	gnature/Registered Ag	gent		Date Date	
	Signature/Incorporate	St.		Date Date	

... ARTICLES OF INCORPORATION