

PD9000059668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

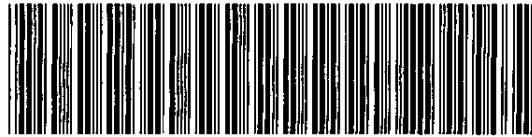
(Business Entity Name)

(Document Number)

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09 JUL 13 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight JUL 14 2009

COVER LETTER

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

SUBJECT: Ever Growing Educational Services, 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: Katie Leach
Name (Printed or typed)

6684 Country Winds Cove
Address

Lake Worth, FL 33463
City, State & Zip

973-600-3743
Daytime Telephone number

kleach@summitlearning.net
E-mail address: (to be used for future annual report notification)

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:

Ever Growing Educational Services, inc.

ARTICLE II PRINCIPAL OFFICE

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

6684 Country Winds Cove
Lake Worth, FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide educational services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Katie Leach, 6684 Country Winds Cv Lake Worth, FL 33463 - Director
Edna Martinez, 1528 15th Ave North Lake Worth, FL 33460 - Director
Kimberly Kaczewski, 125 W Hidden Valley Blvd #3 Boca Raton, FL 33487 - Director

ARTICLE VI REGISTERED AGENT

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

Katie Leach
6684 Country Winds Cove
Lake Worth, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Katie Leach
6684 Country Winds Cove
Lake Worth, FL 33463

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

Katie Leach

Signature/Registered Agent

Katie Leach

Signature/Incorporator

7/9/09

Date

7/9/09

Date

FILED
09 JUL 13 PM 1:30
CLERK OF STATE
TALLAHASSEE, FLORIDA