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| Certified Copies               | Certificates of | Status                                |
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| Special Instructions to Filing | Officer:        |                                       |
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07/27/09--01017--003 \*\*70.00

## COVER LETTER N

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

| SUBJECT:             | Everett Adult Education Centers, Inc         |                                       |  |
|----------------------|--|---------------------------------------|--|
|                      | (PROPOSED CORPORA                            | TE NAME – <u>MUST INCL</u>            | UDE SUFFIX)  |
| Enclosed are an orig | inal and one (1) copy of the art             | icles of incorporation and            | l 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 CO                         | DPY REQUIRED   |
| FROM:                | Name   | YA EVERETT e (Printed or typed)       |  |
| <del></del>          |  | AVENUE NORTH Address                  |  |
|                      | SAINT PETERSE                                | BURG, FLORIDA 337                     | 18   |
| <del></del>          |  | -608-7158<br>Celephone number         |  |
|                      |  | 02@EAEC.org                           | notification\  |
|                      | E-man address: (to be use                    | d for future annual report            | nouncanon)   |

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

# RTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

| <b>ART</b> | <b>ICLE I</b> | NAME |
|------------|---------------|------|
|            |               |      |

The name of the corporation shall be:

Everett Adult Education Centers, Inc. JUL 27 PM I2: 41

SECRETARY OF STATE TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

5718 18th avenue North Saint Petersburg,

FL33705

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Home school based adult education programs

### ARTICLE IV SHARES

The number of shares of stock is:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Latoya Everett, Owner/Director

5718 18th ave north

Saint Petersburg, FL 33710

### REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Micheal Hampton 1105 pasadena ave South

St.Petersburg, FL 33701

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### ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

Latova Everett

5718 18th avenue North St. Petersburg FL 33710

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

Signature/Registered-Agent

07/21/2009

Date

07/21/2009

Date

Signature/Incorporator