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



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COVER LETTER

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

| SUBJECT: Pad | more & Hamilton, INC. | | | | |
|----------------------|---|----------------------------|------------------|--|--|
| | (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | |
| | | | | | |
| | | | 1 10 | | |
| Enclosed are an orig | final and one (1) copy of the art | icles of incorporation and | a check for: | | |
| \$70.00 | \$78,75 | \$78.75 | \$87.50 | | |
| • • | , . | | | | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | | |
| • | & Certificate of Status | & Certified Copy | Certified Copy | | |
| | | | & Certificate of | | |
| | | I | Status | | |
| | | ADDITIONAL COPY REQUIRED | | | |
| | | | | | |

| FROM: | Lynette PadmoreHamilton | | | |
|-------------|---|--------|--|--|
| 110111. | Name (Printed or typed) | | | |
| | P.O. Box 272 | | | |
| _ | Address | | | |
| | Lloyd, FL 32337 | : | | |
| | City, State & Zip | | | |
| | 850 - 997-3225 | ; ; | | |
| - | Daytime Telephone number | | | |
| | fhandlp@att.net | : | | |
| | E-mail address: (to be used for future annual report notification | n). | | |

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:

Padmore & Hamilton, INC

ARTICLE II PRINCIPAL OFFICE

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

4134 Gamble Rd. Lloyd, FL 32337

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Education Consultants

ARTICLE IV SHARES

The number of shares of stock is:

1000

INITIAL OFFICERS AND/OR DIRECTORS

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

Lynette Padmore Hamilton - President/Secretary

Franklin Hamilton - Vice President/Treasurer

ARTICLE VI REGISTERED AGENT

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

Franklin Hamilton 4134 Gamble Rd. Lloyd, FL 32337

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Lynette Padmore Hamilton 4134 Gamble Rd. Lloyd, FL 32337

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/Incorporator