

PI 0000016253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2-23-10 ch

**COVER LETTER**

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

SUBJECT: Excellence in Learning Miami Company  
(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: Barbara Castellanos Diaz  
Name (Printed or typed)

5710 SW 56 Terrace  
Address

Miami FL 33143  
City, State & Zip

305 785 9623  
Daytime Telephone number

mbdear@hotmail.com  
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:

Excellence in Learning Miami Company

**ARTICLE II PRINCIPAL OFFICE**

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

5710 SW 56 Terrace  
Miami FL 33143

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

teach, tutor

**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):

Barbara Castellanos Diaz

**ARTICLE VI REGISTERED AGENT**

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

5710 SW 56 Terrace  
Miami FL 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

5710 SW 56 Terrace  
Miami FL 33143

\*\*\*\*\*

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

2.17.10  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

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10 FEB 22 PM 3:56  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA