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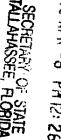
(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

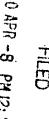
Office Use Only



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COVER LETTER

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

SUBJECT: CENTER	FOR TECHNOLOGY EDUCAT	ON AND ASSESSMENT	INC
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the arti	cles 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 CO	PY REQUIRED
FROM: ALA	N WARK		
	Name	(Printed or typed)	
220	FOREST TRAIL/PO BOX 62006	37	
		Address	
OVIE	EDO FLORIDA 32765	State 9. 7:	
	City,	State & Zip	
321-2	263-9382		
<u> </u>	Daytime T	elephone number	

begintotrade@hotmail.com

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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



10 APR -8 PM 12: 26

SECRETARY OF STATE TALLAHASSEE. FLORIDA

#

<u>ARTICLE</u> I

The name of the corporation shall be:

CENTER FOR TECHNOLOGY EDUCATION AND ASSESSMENT INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 220 FOREST TRAIL OVIEDO FLORIDA 32765

MAILING: PO BOX 620067

OVIEDO FL 32762

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **EDUCATION CONSULTING**

ARTICLE IV **SHARES**

The number of shares of stock is: 100 SHARES NON-PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): ALAN WARK, DIRECTOR 220 FOREST TRAIL, **OVIEDO FLORIDA 32765**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: **ALAN WARK** 220 FOREST TRAIL, OVIEDO FL 32765

ARTICLE VII **INCORPORATOR**

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

220 FOREST TRAIL, OVIEDO FL 32765

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

Signature/Incorporator

43 - 2010 Date