

P100000049882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

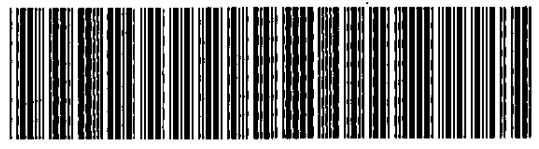
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/14/10--01049--016 **78.75

2010 JUN 14 A 6:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: Educators Network 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: Meagan Lorenzo
Name (Printed or typed)
14210 Chival Mayfaire Drive #106
Address
Orlando, FL 32828
City, State & Zip
407-535-2558
Daytime Telephone number
Sosafong@aol.com
E-mail address: (to be used for future annual report notification)

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

ARTICLE OF INCORPORATION

ARTICLE I

The name of this Corporation is **Educators Network Inc.**

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2810 JUN 14 A 6:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II

The principal's address for the Corporation is **1122 West Church Street, Orlando, FL 32805.** The mailing address for the Corporation is **SAME AS ABOVE.**

ARTICLE III

The purpose of the Corporation is to own business in the Vocational and College Education Field.

ARTICLE IV

The authorized number of shares of stocks of Educators Network Inc. is **100** and are divided by the following individuals as follows:

50% Shared **Meagan A. Lorenzo** 50% Shares **Anthony Francois**

ARTICLE V

The names and address of the offices is the following:

Officer 1

Anthony Francois
President
771 South West 190th Avenue
Pembroke Pines, Florida 33029

Office 2

Meagan Lorenzo
Vice President
14210 Cheval Mayfaire Drive #106
Orlando, Florida 32828

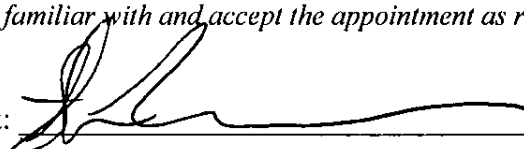
ARTICLE VI

The name and address of the initial Registration Agent is the following.

Name: Steven Lorenzo Address: 14210 Cheval Mayfair Drive, Orlando Florida 32828

Having been named as registered agent to accept service of process for the above state 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 of Registration Agent: _____



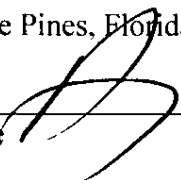
ARTICLE VII

The name and address of the incorporators is the following:

Incorporator 1

Anthony Francois, President
771 South West 190th Avenue
Pembroke Pines, Florida 33029

Signature



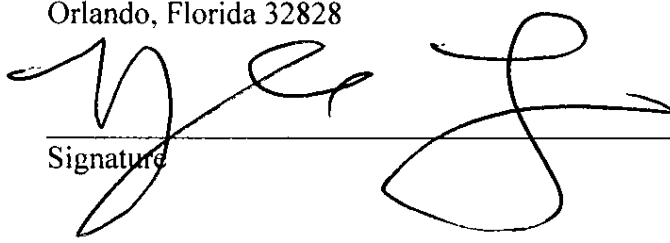
5/5/10

Date

Incorporator 2

Meagan Lorenzo, Vice President
14210 Cheval Mayfaire Drive #106
Orlando, Florida 32828

Signature



05/5/10

Date

ARTICLE VIII

The Corporation's effective date is the date that was signed and notarized by both corporate originators.

Sworn to on 5-5-10 by the above two incorporators.
(date)

(Notary Seal)




Notary Public Orange County