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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

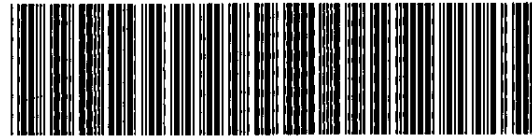
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

## 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.**

## 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 190<sup>th</sup> 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: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

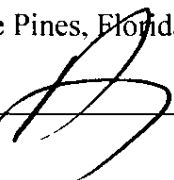
## ARTICLE VII

The name and address of the incorporators is the following:

### Incorporator 1

Anthony Francois, President  
771 South West 190<sup>th</sup> Avenue  
Pembroke Pines, Florida 33029

Signature



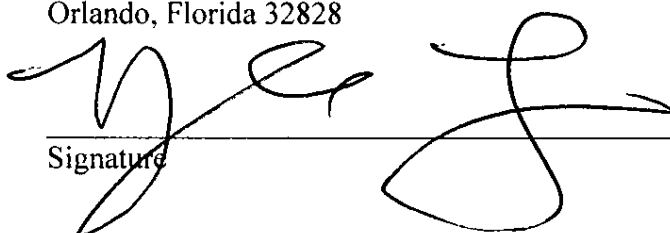
5/5/10

Date

### Incorporator 2

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

Signature



05/5/10

Date

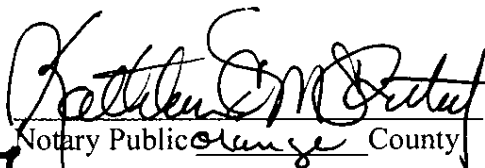
## ARTICLE VIII

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