

PI 00000092932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

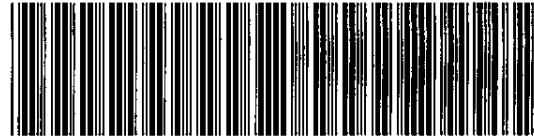
(Document Number)

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

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*W10-51065*

FILED  
2010 NOV 10 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch NOV 15 2010

## COVER LETTER

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

SUBJECT: Excellence Educational Institute 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: Philip Thompson

Name (Printed or typed)

1229 NW 7 Avenue

Address

Fort Lauderdale, Florida 33311

City, State & Zip

754-234-0536

Daytime Telephone number

ptomptom@yahoo.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 NOV 10 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 1, 2010

PHILIP THOMPSON  
1229 NW 7 AVE  
FORT LAUDERDALE, FL 33311

SUBJECT: EXCELLENCE EDUCATIONAL INSTITUTE INC.  
Ref. Number: W10000051065

We have received your document for EXCELLENCE EDUCATIONAL INSTITUTE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

An effective date may be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 810A00025715

**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 Educational Institute Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1229 NW 7 Avenue  
Fort Lauderdale Florida, 33311

Mailing address, if different is:

1229 NW 7 Avenue  
Fort Lauderdale Florida, 33311

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide educational training for license medical professionals.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Philip Thompson, President

Address: 1229 NW 7 Avenue  
Fort Lauderdale Florida, 33311

Name and Title: Coretta Robinson, Vice President

Address: 14030 biscayne Place  
Miami Florida, 33181

Name and Title: Coretta Robinson, Secretary

Address: 14030 Biscayne Place  
Miami Florida, 33181

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Philip Thompson

Address: 1229 N.W. 7th Ave.  
FT. LAUDERDALE, FL. 33311

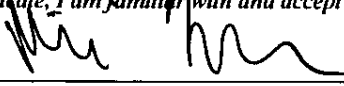
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Philip Thompson

Address: 1229 NW 7 Avenue  
Fort Lauderdale Florida 33311

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

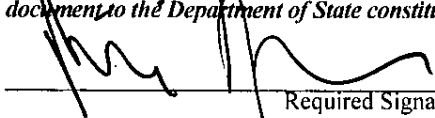


Required Signature/Registered Agent

11/7/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/25/10

Date

FILED  
2010 NOV 10 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA