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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC 13 PM 1:51

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COVER LETTER

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

SUBJECT: Kingston Educational Software, 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: Elan R. Benford

Name (Printed or typed)

1505 W. Tharpe Street 1933

Address

Tallahassee, Florida 32304

City, State & Zip

800 380 9315

Daytime Telephone number

erb@kedsoftware.com

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

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

2010 DEC 13 PM 1:54
TALLAHASSEE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Kingston Educational Software, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
1505 W. Tharpe Street #1933
Tallahassee, Florida 32304

Mailing address, if different is:
P.O. Box 12701
Tallahassee, Florida 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Internet, online sales and offline sales of educational software, including workbooks, CD-ROMs and DVDs and products related to the adventures of Bloop.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elan R. Benford CEO
Address: 1505 W. Tharpe Street #1933
Tallahassee, Florida 32304

Name and Title: _____
Address: _____

Name and Title: Evan M. Benford CEO
Address: 1505 W. Tharpe Street #1933
Tallahassee, Florida 32304

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: Elan R. Benford
Address: 1505 W. Tharpe Street #1933
Tallahassee, Florida 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elan R. Benford
Address: 1505 W. Tharpe Street #1933
Tallahassee, Florida 32304

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

Elan Benford
Required Signature/Registered Agent

12/08/2010
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.

Elan Benford
Required Signature/Incorporator

12/08/2010
Date