

P/10000/3752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

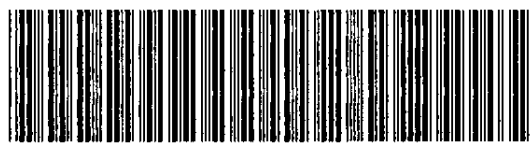
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB - 7 PM 3:54

APPROVED
AND
FILED

LN

COVER LETTER

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

SUBJECT: ACCELERATED LEARNING 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael Coto
Name (Printed or typed)

10449 Westpark Preserve Blvd
Address

Tampa, FL 33625
City, State & Zip

813-956-9076
Daytime Telephone number

michael.coto@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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

APPROVAL
AND
FILED

ARTICLE I NAME Accelerated Learning-INC
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
10449 Westpark Preserve Blvd
Tampa, Fl 33625

Mailing address, Secretary of State
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To improve students performance achieving passing test scores at age appropriate grade level

ARTICLE IV SHARES
The number of shares of stock is 50% and 50% 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Coto Owner Name and Title: Bridget Terry
Address: 10449 Westpark Preserve Blvd Address: 4307 Bay Club Cir
Tampa, Fl 33625 Tampa, Fl 33607

Name and Title: Address: 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: Michael Coto
Address: 10449 Westpark Preserve Blvd
Tampa, Fl 33625

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: Michael Coto
Address: 10449 Westpark Preserve Blvd
Tampa, Fl 33625

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

2/1/11

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

2/1/11

Date