

P110000038563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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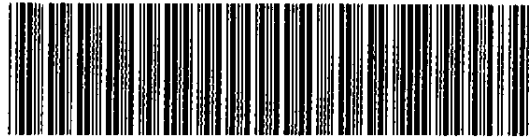
(Business Entity Name)

(Document Number)

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

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2011 APR 20 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
4-21-11

**COVER LETTER**

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

**SUBJECT: High Reach Elite Learning Academy 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: Torrie N. Spatcher

Name (Printed or typed)

513 Duff Dr

Address

Winter Garden, FL 34787

City, State & Zip

407-948-6576

Daytime Telephone number

highreachelitelearningacademy@yahoo.com ✓

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

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

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TALLAHASSEE, FLORIDA

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**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:

High Reach Elite Learning Academy Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

750 S. Orange Blossom Trail #7

Orlando, FL 32805

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide childcare services for children 6weeks-12 years old.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CEO/President Torrie n. Spatcher

Address: 750 S. Orange Blossom Trail #7

Orlando, FL 32805

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

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

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: Torrie N. Spatcher

Address: 750 S. Orange Blossom Trail #7

Orlando, FL 32805

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Torrie N. Spatcher

Address: 750 S. Orange Blossom Trail #7

Orlando, FL 32805

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

Torrie N. Spatcher  
Required Signature/Registered Agent

4/15/2011

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.

Torrie N. Spatcher  
Required Signature/Incorporator

4/15/2011

Date

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TALLAHASSEE, FLORIDA