## P11000004463

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, (Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





300207299813

05/09/11--01021--020 \*\*70.00



## **COVER LETTER**

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

SUBJECT: SHAY TUTOR (PROPOSED CORPORA	ing INC.			
(PROPOSED CORPORA	TE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate Of Status ADDITIONAL COPY REQUIRED			
FROM: Bryan Name	Shaffer (Printed or typed)			
5610 W. A+1	antic Ave #206			
Delray Beach FL 334841 City, State & Zip				
561-414-5257  Daytime Telephone number				
B Shaffea Damail, 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)

ARTICLE I The name of the cor	NAME poration shall be: SHAY Tutoring	Inc.	APPHÓVEŽ <sup>®</sup> AND
	PRINCIPAL OFFICE	.,,	FILED
	Principal street address		Mailing address, if different is: 2: 4.7
<del>7</del>	5610 W. Atlantic Ave. #206 Delray Beach Fl 33484		SECRETARY OF STATE
	•	<del></del>	TALLAHASSEE, FLORIDA
	PURPOSE ich the corporation is organized is:		
	and educational service	?5	
	SHARES 1,000,000 (millio	n)	
	INITIAL OFFICERS AND/OR DIRECTORS		
Name and Tit Address:	le: Na Shaffer Na	ame and Title	<u> </u>
71001005.	,	duicss.	
	President / Director		
Name and Tit	le: Na	ame and Title	s:
Address:	Ao		
Name and Titl	le: Na	ame and Title	
Address:	Ac		
ARTICLE VI I	REGISTERED AGENT		
	da street address (P.O. Box NOT acceptable) of the r	registered age	nt is:
Name:	Bryan Shaffer		
Address:	5610 W. Atlantic Ave, #206 Delraz Beach Fl 33484		
	Detray Deary FC 25/64		
	NCORPORATOR		
The <u>name and addr</u> Name:	ess of the Incorporator is:		
Address:	Bryon Shaffer 5610 W. Atlantic Ave, #20	6	
, 144, 1655.	Delra- Beach FL 33484	Ŭ	
naving been namea this certificate. I am	l as registered agent to accept service of process for familiar with and accept the appointment as registere	the above sta ed agent and i	tled corporation at the place designated gares to act in this canacity
	/	a agem una	agree to uct in this capacity
15.			5/3/1
	Required Signature/Registered Agent	<u></u>	Date
Suhmit this docum	ent and affirm that the facts stated herein are true.	Lam avara	that the false information submitted in
	variment of State constitutes a third degree felony as p		
			[ [ ] ]
120		<del></del>	0/5/
<del> </del>	Required Signature/Incorporator		Date