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TO ACKHOWLEDGE SUFFICIENCY OF FILING DIVISION OF CORPORA

11 MAY 23 AM II:

SECRETARY OF STATE
DIVISION OF CORPORATIONS

75 St23/11

COVER LETTER

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

SUBJECT: EWP Institute, TNC	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
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: <mark>Vivian L. Hobbs</mark>	(Printed or typed)
3214 Yeats Avenue	Address
Tallahassee, FL 32311	State & Zip
(850) 385-9910 (850) 9 Daytime T	980-5550 elephone number
vivianhobbs@yahoo.con E-mail address: (to be used	nd 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	NAME The EWP Institute, corporation shall be:	INC.	
ARTICLE II	PRINCIPAL OFFICE		
111(11011111111111111111111111111111111	Principal street address	Mailing add	dress, if different is:
	3214 Yeats Avenue		
	Tallahassee, FL 32311		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	nstructional enhancement and trai	ining in grammar, writing a	and editing; to provide
	opportunities for literary, political a		
	research and scholarship.	7 1	•
	nares of stock is: 1000 Shares		
	INITIAL OFFICERS AND/OR DIREC		
	Title: Dr. Vivian L. Hobbs, Pres.		
Address:	3214 Yeats Avenue		
	Tallahassee, Fl. 32311		
Name and	Title:		
Address:		Address:	
		•	
	Title:	Name and Title:	·····
Address:		Address:	
			- Vise
			T SE CRE
ARTICLE VI	REGISTERED AGENT		7 2EF
The name and F	lorida street address (P.O. Box NOT accepta		FILE OF CO 23
Name:	<u>Dr. Vivian L. Hobbs</u>		Rep Rep
Address:	3214 Yeats Avenue		™ og s
	Tallahassee, FL 32311		FATE (ATIO)
ARTICLE VII	INCORPORATOR		20 20
	ddress of the Incorporator is:		<i>s</i> .
Name:	Dr. Vivian L. Hobbs		
Address:	3214 Yeats Avenue		
	Tallahassee, FL 32311		
this certificate, I	med as registered agent to accept service of p am familiar with and accept the appointment Required Signature/Registered Ager	as registered agent and agree to ac	
<u> </u>	Required Signature/Registered Ager	nt .	Date
I submit this document to the	cument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware that the f efelony as provided for in s.817.155	
	Required Signature/Incorporator		Date