

P110000062857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

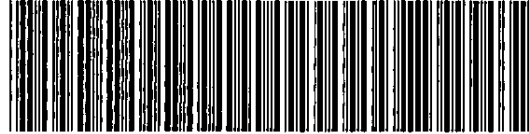
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07/11/11--01035--003 \*\*70.00

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2011 JUL 11 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
7-13-11

## COVER LETTER

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

SUBJECT: Learning Gains Tutoring Company

(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: Yoisis Colom

Name (Printed or typed)

410 N.W. 200th Avenue

Address

Pembroke Pines, FL 33029

City, State & Zip

305-978-6139

Daytime Telephone number

Yoisis20@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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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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## ARTICLES OF INCORPORATION

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

### **ARTICLE I NAME**

**Learning Gains Tutoring Company**  
The name of the corporation shall be:

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
410 N.W. 200th Avenue  
Pembroke Pines, FL 33029

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Academic Tutoring**

### **ARTICLE IV SHARES**

The number of shares of stock is: **1**

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

Name and Title: <u>Yoisis Colom</u>	Name and Title: _____
Address: <u>410 N.W. 200th Avenue</u>	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

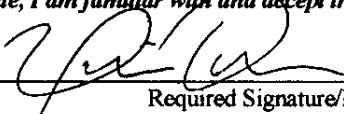
Name: Yoisis Colom  
Address: 410 N.W. 200th Avenue  
Pembroke Pines, FL 33029

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yoisis Colom  
Address: 410 N.W. 200th Avenue  
Pembroke Pines, FL 33029

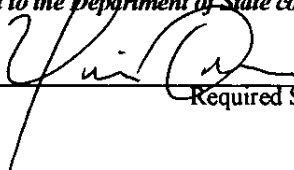
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

07/08/11  
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

07/08/11  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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