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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

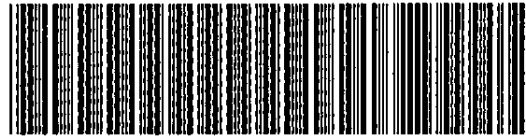
(Business Entity Name)

(Document Number)

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

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2011 SEP 29 AM 10:12

J. Shivers SEP 30 2011

**COVER LETTER**

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

**SUBJECT:** Education for all tutoring, 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: Lincoln B Pasteur

Name (Printed or typed)

420 S.W. 12th Avenue

Address

Ft. Lauderdale, FL. 33312

City, State & Zip

(954)-243-0147

Daytime Telephone number

lttpaste@aol.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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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

Education for all tutoring, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
420 S.W. 12th Avenue  
Ft. Lauderdale, FL 33312

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
After school tutoring and week ends.

**ARTICLE IV SHARES**

The number of shares of stock is: 500 shares @\$1.00 per share.

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

Name and Title: Lincoln B Pasteur - President  
Address: 420 S.W. 12th Avenue  
Ft. Lauderdale, FL 33312

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

Name and Title: Tara J. Pasteur - Vice President  
Address: 420 S.W. 12th Avenue  
Ft. Lauderdale, FL 33312

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: Charles Inije  
Address: 3600 SE State Rd Suite #2  
Miramar, FL 33647

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lincoln B Pasteur  
Address: 420 S.W. 12th Avenue  
Ft. Lauderdale, FL 33312

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

09/24/2011

\_\_\_\_\_  
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.

\_\_\_\_\_  
Required Signature/Incorporator

09/24/2011

\_\_\_\_\_  
Date

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2011