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SECRETARY OF STATE
TALLAHASSEE, FL 32304

T. Burch NOV 2 2011

COVER LETTER

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

SUBJECT: XLentutors 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: Ms. June M. Cole

Name (Printed or typed)

P.O. Box 8401

Address

Coral Springs, FL 33075

City, State & Zip

954-818-0399

Daytime Telephone number

xlentutors@yahoo.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 NAME

XLentutors Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
12056 NW 50th Drive
Coral Springs, FL 33076

Mailing address, if different is:

P.O. Box 8401
Coral Springs, FL 33075

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Educational Enrichment services for K-12 and Adults. Which can include tutoring in all subject areas, Foreign Language, College Preparation, Arts & Craft and The Arts (dance, music, etc...)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ms. June M. Cole, Founder, Educational Consultant
Address: PO Box 8401
Coral Springs, FL 33075

Name and Title: _____
Address: _____

Name and Title: Mr. Michael C. Lindsay Sr., Co-Founder
Address: PO Box 8401
Coral Springs, FL 33075

Name and Title: _____
Address: _____

Name and Title: Ms. Brittany O. English, Program Coordinator
Address: 604 NW 13th Street apt 27
Boca Raton, FL 33486

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

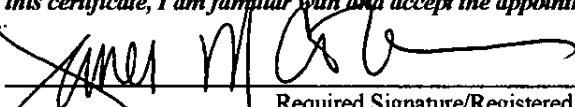
Name: Ms. June M. Cole
Address: 12056 NW 50th Drive
Coral Springs, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ms. June M. Cole
Address: 12056 NW 50th Drive
Coral Springs, FL 33076

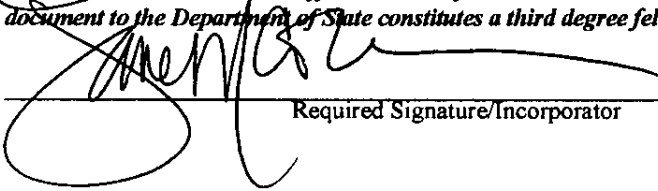
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10/26/2011

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

10/26/2011

Date