

712000010398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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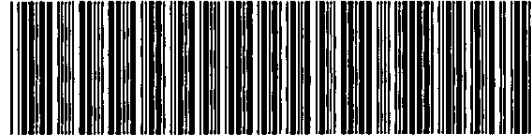
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 30 PM 1:41

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J. Shivers JAN 31 2012

COVER LETTER

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

SUBJECT: COLLEGE BOUND LEARNING CENTER & AFTER SCHOOL CARE CORP
(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: Maria T. Montana

Name (Printed or typed)

3960 W 16 AVE # 206

Address

HIALEAH, FLORIDA 33012

City, State & Zip

954-303-8746

Daytime Telephone number

tmontana614@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

The name of the corporation shall be: College Bound Learning Center and After School Care Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
3960 W 16 ave
Hialeah, Fl 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide academic preparedness to students K-12

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria T Montana

Address: 5151 SW 121 Ave
Cooper City, Fl 33330
President

Name and Title: _____

Address: _____

Name and Title: Cristina Fomaris

Address: 6321 SW 138 Ct # 4
Miami, F: 33183
VP

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: Maria T Montana
Address: 5152 SW 121 AVE
Cooper City, Fl 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria T Montana
Address: 5152 SW 121 AVE
Cooper City, Fl 33330

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

Maria T. Montana

Required Signature/Registered Agent

01-25-12

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.

Maria T. Montana

Required Signature/Incorporator

01-25-12

Date

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TALLAHASSEE, FLORIDA