

P12000010424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

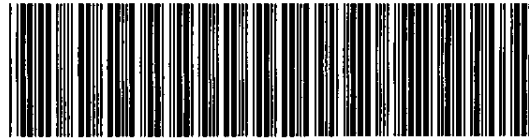
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

114

COVER LETTER

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

SUBJECT: A TEACHERS AID, 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

| | |
|---|--|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: A Teachers Aid, Inc

Name (Printed or typed)

4815 E Busch Blvd., S-214

Address

Tampa Florida 33617-6093

City, State & Zip

813-857-5608

Daytime Telephone number

ateachersaid@gmail.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

A Teachers Aid, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4815 E Busch Blvd. S-214
Tampa, Florida 33617-6093

Mailing address, if different is:

P.O.Box 273024
Tampa, Florida 33688-3024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Teaching

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tomas Velez-Director
Address: 4815 E Busch Blvd - S214
Tampa, Florida 33617-6093

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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:

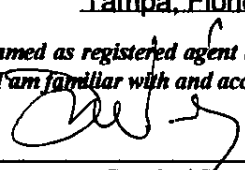
Name: Tomas Velez
Address: 4815 E Busch Blvd S-214
Tampa, Florida 33617-6093

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tomas Velez
Address: 4815 E Busch Blvd S214
Tampa, Florida 33617-6093

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

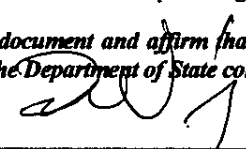


Required Signature/Registered Agent

01-21-2012

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

01-21-2012

Date

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