

P12000042973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

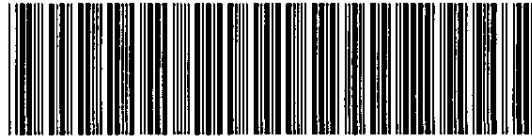
(Business Entity Name)

(Document Number)

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

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05/07/12--01016--008 \*\*78.75

FILED  
12 MAY - 7 PM 4: 05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32307

T. Burch MAY 8 2012

## COVER LETTER

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

SUBJECT: GLOBAL SCHOOLS, 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: SERGEY SOROKA

Name (Printed or typed)

9570 REGENCY SQUARE BLVD.

Address

JACKSONVILLE, FL 32225

City, State & Zip

904/551-7104

Daytime Telephone number

SSOROKA@GOCACADEMY.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**

GLOBAL SCHOOLS, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9570 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32225

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: SERGEY SOROKA

Address: 9570 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32225

Name and Title: PRESIDENT/SECRETARY/TREASURER

Address: \_\_\_\_\_

Name and Title: PAVEL BUDNIK

Address: 9570 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32225

Name and Title: VICE PRESIDENT

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: VIKTORIA BUDNIK

Address: 9570 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32225

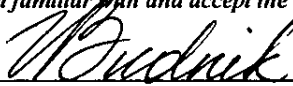
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SERGEY SOROKA

Address: 9570 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32225

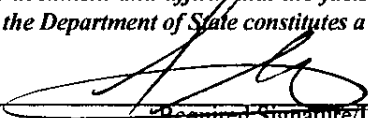
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

05/03/12  
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.



Required Signature/Incorporator

5/3/12  
Date