

P/2000044306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

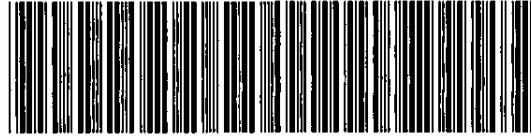
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500233039495

04/30/12--01051--008 **87.50

FILED
12 MAY 10 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12 - 23963

K 05/11/12



RECEIVED

12 MAY 10 AM 11:11

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2012

THOMAS MCDANIEL
500 TREASURE CAY DRIVE
SUITE 108
FORT PIERCE, FL 34947

SUBJECT: PREK-20 EDUCATIONAL CONSULTING, INC.
Ref. Number: W12000023963

We have received your document for PREK-20 EDUCATIONAL CONSULTING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 612A00013172

COVER LETTER

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

SUBJECT: PreK-20 Educational Consulting, 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: Thomas McDaniel

Name (Printed or typed)

500 Treasuer Cay Drive - Suite 108

Address

Fort Pierce, Florida 34947

City, State & Zip

772-465-5328

Daytime Telephone number

mcdaniel9101@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

The name of the corporation shall be: PreK-20 Educational Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
500 Treasure Cay Drive
Suite 108
Fort Pierce, FL 34947

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1. Provide enhanced improvement to the educational strategies, protocols, methods and procedures, and to insure that the mission and programmatic goals, objectives and business procedures of an educational enterprise fulfills the aspirations, needs and hopes of the stakeholders.
2. Provide audits of the learning environment, including the curriculum, facility, financial, etc. of an organization to insure that it meets the required laws, regulations, and student readiness to advance to the next level in a programmatic step.

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas McDaniel, CEO
Address: 500 Treasure Cay Drive
Suite 108
Fort Pierce, FL 34947

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: Thomas McDaniel
Address: 500 Treasure Cay Drive - Suite 108
Fort Pierce, FL 34947

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas McDaniel
Address: 500 Treasure Cay Drive - Suite 108
Fort Pierce, FL 34947

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

Thomas McDaniel

Required Signature/Registered Agent

5-7-2012

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.

Thomas McDaniel

Required Signature/Incorporator

5-7-2012

Date

RECEIVED
12 MAY 10 PM 3:10
DEPT. OF STATE
TALLAHASSEE, FLORIDA