

P12000067786

(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



100238081801

08/03/12--01011--012 \*\*78.75

FILED  
12 AUG -3 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 6 2012

## COVER LETTER

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

SUBJECT: CASA MARIA MONTESSORI BILINGUAL SCHOOL  
(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: RAMON ANTONIO TORRES  
Name (Printed or typed)

10301 HWY 27 UNIT 17  
Address

CLERMONT FL 34711  
City, State & Zip

352-255-2439  
Daytime Telephone number

OASISFAN23@AOL.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:

CASA MARIA MONTESSORI BILINGUAL SCHOOL, INC

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address

151 W. HWY 50 SUITE B  
CLERMONT FL 34711

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this corporation is to teach, counsel and otherwise instruct children of all ages in the common class branches of learning according to the pedagogical principles provide the Montessori Method also provide all necessary, suitable, and advisable material and spiritual resources which implement the promulgation of the Montessori Method of education such as providing and equipping educational facilities, training teachers, bringing in speakers, maintaining facilities, maintaining an information center, and conducting additional orientation courses, as well as providing other means for continuing the tradition of Maria Montessori's approach to the development of children. It is also the purpose of this corporation to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is: 100 shares at \$1.00 par value

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

Name and Title: FABIOLA MUNOZ VICE PRESIDENT

Address: 3340 white blossom ln  
CLERMONT FL 34711

Name and Title: \_\_\_\_\_

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

Name and Title: RAMON ANTONIO TORRES - PRESIDENT

Address: 10301 HWY 27 UNIT 17  
CLERMONT 34711

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: FABIOLA MUNOZ

Address: 3340 white blossom ln  
CLERMONT FL 34711

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAMON ANTONIO TORRES

Address: 10301 HWY 27 UNIT 17  
Clermont FL 34711

*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

7-31-12  
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.*

Ramon Torres  
Required Signature/Incorporator

7-31-12  
Date