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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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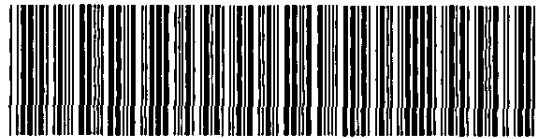
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 AUG -8 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 AUG -8 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/8/12

COVER LETTER

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

SUBJECT: FLORIDA COMPUTER TRAINING, 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: MICHAEL TODD WOODWARD
Name (Printed or typed)

1113 CARISSA DRIVE
Address

TALLAHASSEE, FL 32308
City, State & Zip

850.559.2734
Daytime Telephone number

WOODWARD.TODD@GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG - 8 PM 12:00

FILED

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: FLORIDA COMPUTER TRAINING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1113 CARISSA DRIVE
TALLAHASSEE, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE COMPUTER AND TECHNOLOGY TRAINING AND CONSULTING SERVICES TO CORPORATE, NON-PROFIT, BUSINESS ENTITIES, GOVERNMENT AND INDIVIDUALS. SERVICES INCLUDE ANY COMPUTER OR TECHNOLOGY RELATED SERVICE.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL TODD WOODWARD, PRES. Name and Title: _____

Address: 1113 CARISSA DRIVE
TALLAHASSEE, FL 32308

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: MICHAEL TODD WOODWARD

Address: 1113 CARISSA DRIVE
TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL TODD WOODWARD

Address: 1113 CARISSA DRIVE
TALLAHASSEE, FL 32308

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

Michael Todd Woodward
Required Signature/Registered Agent

8/8/2012
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.

Michael Todd Woodward
Required Signature/Incorporator

8/8/2012
Date

FILED
AUG - 8 PM 12:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA