

P13000002326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

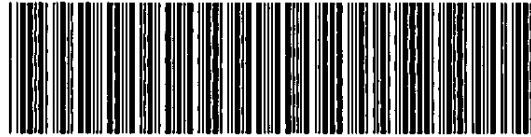
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN -7 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Madelyn Learning Academy, 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: Suny Marti
Name (Printed or typed)

15260 SW 280th Street
Address

Homestead, FL 33032
City, State & Zip

305-248-1919
Daytime Telephone number

sccpreschool@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: Madelyn Learning Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
15260 SW 280th Street
Homestead, FL 33032

Mailing address, if different is:
310 E. Mowry Drive
Homestead, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Preschool

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUNY MARTI
Address: DPST

Name and Title: _____
Address: _____

310 E. MOWRY DR.
HOMESTEAD, FL 33030

Name and Title: WILFRED MARTI
Address: VP

Name and Title: _____
Address: _____

310 E. MOWRY DR.
HOMESTEAD, FL 33030

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:

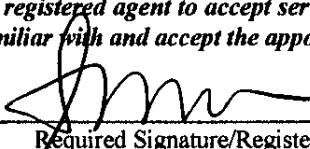
Name: Suny Marti
Address: 310 E. Mowry Dr.
Homestead, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SUNY MARTI
Address: 310 E. MOWRY DR.
HOMESTEAD, FL 33030

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

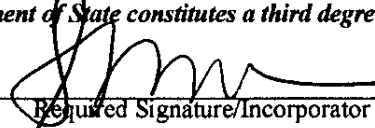


Required Signature/Registered Agent

01/03/13

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

01/03/13

Date

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