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(Re	questor's Name)	
(Ad	dress)	
V	-	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	····
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

14

COVER LETTER

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

SUBJECT:	JBJECT: Busy Brains Summer Camp Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	<u>JDE SUFFIX</u>)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles 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 CO	PY REQUIRED		
FROM: ALONSO A. Torres Name (Printed or typed)					
6209 Country Fair Circle					
	Baynton Beach	n Florida State & Zip	33437		
	(561) 601.9401 Daytime Te	lephone number			
	busy brains summer E-mail address: (to be used		. Com		

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)

FILED

	AME oration shall be: Busy Brains	Summer (Camp Inc.	40 1110 00	
	RINCIPAL OFFICE			13 MAR 25	•
	Principal street address		_	ddre SE (PAITTAR) T ALLAHA SSI	IsOF STATE EE FLORIDA
6209 60	ountry Fair Circle	<u> </u>	P.O. 9	30× 724	2
Boynton; 1	Beach, FL 33437		Delray	Beach,	F1 33482
ARTICLE III PI	URPOSE the the corporation is organized is:				
Bu	sy Brains Robotic	& Summe	r Camp	s a can	3 <i>0</i>
For child	ien interested in	connoti	rive cob	otics an	STEM
	. The camp is de				
	in order to de			MINERTY S	MIG
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		### · · · · · · · · · · · · · · · · · ·			· · ·
	HARES 3,000				
The number of shares	of stock is:				
ARTICLE V II	NITIAL OFFICERS AND/OR DIR	ECTORS			
Name and T	Title: Awaro A. Torres / Pre	esident Name a	and Title:		
Address	6209 Country Frie CA	rile Addres	s:		
		33437			
	324. 6				
					
Name and Ti	itle: Daviel A. Brady Vi	(V/esi Name a	and Title:	-	
Address	950 Lavers Cir. #	F404 Addres	s:		
	Delray Beach, Fl	L 33444			
	+ 0,	,,			
	1				
Name and Ti	ille: Jamie Armadore Secre	Name a	and Title:		
Address		\ Addres			
	Pembroke Pros. F1 3:				
	TEAT BUILTY TIPES I	<u> </u>			

(conti.)

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Name and Title:	Name and Title:	13 MAR 25 PM 3: 41
Address	Address:	SECRETARY OF STATE
		TALLAHASSEE FLORIDA
		
ARTICLE VI REGISTERED AGENT		
Name: A LONSO T. TO (CE)	table) of the registered agent i	S:
Address: 6209 Country Fair Ci	rde	
Bounton Beach, FL 33	3437	
ARTICLE VII INCORPORATOR	•	
The <u>name and address</u> of the Incorporator is:		
Name: Daniel A. Brade	1_	
Address: 950 Lavers Ctr. #F	404	
Delray Beach, FL 3	<u>344</u> 4	
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment		
19 11-		2-11-13
Required Signature/Registered Age	ent	Date
I submit this document and affirm that the facts stated here document to the <u>Dep</u> artment of State constitutes a third degre		
Dank		3-11-13
Required/Signature/Incorporator	•	Date