

P13000074871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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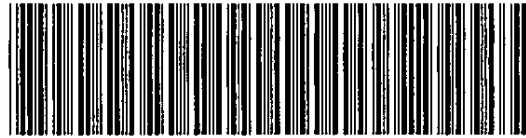
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP -9 AM 11:30

9/12
9/12

COVER LETTER

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

SUBJECT: **TOTS & TEENS INC. of FLORIDA**
(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: **MARIE CHRISTINE PFISTER**

Name (Printed or typed)

913 SE 16TH CT

Address

DEERFIELD BEACH, FLORIDA 33441

City, State & Zip

(954) 531-9766

Daytime Telephone number

marie.pfister1@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 TOTS & TEENS INC. of FLORIDA
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

913 SE 16th Ct
Deerfield Beach, Florida , 33441

Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Educational practices, language teaching,
translations, sale of educational material, and training of ESL teachers.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marie Christine Pfister
Address: 913 SE 16th Ct
Deerfield Beach, FL
33441

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TIM WISE

Address: 2824 NE 32ND ST. APT. 7
FT. LAUDERDALE, FL 33306

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TIM WISE

Address: 2824 NE 32ND ST. APT. 7
FT. LAUDERDALE, FL 33306

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

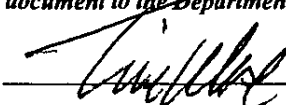


Required Signature/Registered Agent

09/06/2013

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

09/06/2013

Date