

P14xxxx0837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

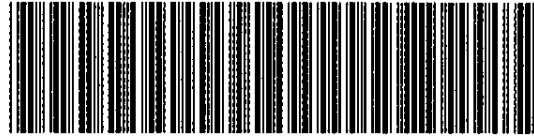
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SEATTLE
DIVISION OF REVENUE

2
1-6-13

COVER LETTER

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

SUBJECT: Career Academy Of Higher Learning, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Dr. Stuart H. Peckham
Name (Printed or typed)

9053 Nakoma Way
Address

Weeki Wachee, FL 34613
City, State & Zip

352-597-1615
Daytime Telephone number

speckham3@tampabay.rr.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)

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
14 JAN -2 PM 2:23

ARTICLE I NAME

The name of the corporation shall be: Career Academy Of Higher Learning, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7406 St. Andrews Blvd.

Weeki Wachee, FL 34613

Mailing address, if different is:

9053 Nakoma Way

Weeki Wachee, FL 34613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Continued Education and Pre-Licensing
for life, health, insurance, real estate, appraisal and auctioneering, in a
class and seminar setting. Higher Education.

ARTICLE IV SHARES

100,000 common/\$1 par and 10,000 Preferred/\$10 par
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Stuart H. Peckham Name and Title: _____

Address: President/CEO Address: _____

9053 Nakoma Way

Weeki Wachee, FL 34613

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

