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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORPURATIONS

COVER LETTER

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

SUBJECT: MATH MAN Educat (PROPOSED CORPORATE	ion Im.	
(PROPOSED CORPORATE	NAME - MUST INCLU	DE SUFFIX)
Enclosed are an original and one (1) copy of the article	s of incorporation and	a check for:
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COI	
FROM: Joseph A. Manc. Name (Pr. 13880 Treeline Ave.		7
Ft. Mycrs, FL 330 City, Sta	913 te & Zip	
239.292.0299 Daytime Telep		
Je-mail address: (to be used to	edu.	otification)

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)

The name of the corpora	and tion shall be: Ma	TH MAN	Educat	ion In	<u>c</u>	
13880 12	NCIPAL OFFICE Principal street address Recline Ave S ets, FL 339		Mail	ling address, if diff	erent is:	
ARTICLE III PUR The purpose for which MATH MA math an	POSE the corporation is organized of Education Science 3 independent	od is: (For)	orofit) s to tec concepts	Oue pur sch ster in key	pose at uggling ateas	
	stock is: // COO				14 FEB 10 AM 10	SECRETARY OF STATE
Name and Titl Address	. Joseph A. M. 13880 Treelin Suite 7. Fort Myers, t	ne Ave.S.			: :	ATTONS
Name and Title	:					
Name and Title						

Name and Title:	Name and Title:	
Address	Address:	_ ,
ARTICLE VI REGISTERED AG		
The name and Florida street address (F	O. Box NOT acceptable) of the registered agent is:	
Name: Joseph A	MANCINI	
Address: 13880 Trees	line Ave. S. Ste 7	
Et. Myers	FL .339/.3	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporate	r is:	
Name: Jaseph A	Marcini	
Address: 13880 Tra	Marcini eline Ave. 5. Ste 7	
Ft. Myers	FL 33913	
	to accept service of process for the above stated corporation at the place de cept the appointment as registered agent and agree to act in this capacity	signated in
Joseph A. M	Janeiri 1.14.14	
Required Sign	ature/Registered Agent Date	
	the facts stated herein are true. I am aware that the false information substitutes a third degree felony as provided for in s.817.155, F.S.	mitted in a
Joseph A. N.	ncin 1:14.1	4
Required St	nature/Incorporator Date	