

PK1000020158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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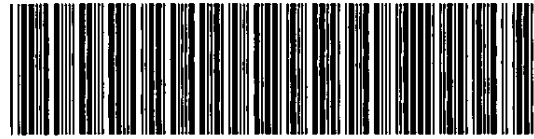
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 3/5

COVER LETTER

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

SUBJECT: SMART START 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 ☒ \$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: ATROX, LLC

Name (Printed or typed)

1001 S. MacDill Ave Suite 800

Address

TAMPA, FL 33629

City, State & Zip

813 259 1111

Daytime Telephone number

live42day75@yahoo.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: SMART START LEARNING ACADEMY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

19424 SANDY SPRINGS CIRCLE
LUTZ, FL 34558

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PERFORM ANY AND ALL LAWFUL BUSINESS RELATED TO PRE-SCHOOL EDUCATION FOR CHILDREN.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dawn Raymond, President

Address: 19424 Sandy Springs Circle
Lutz, FL 34558

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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STATE OF FLORIDA

(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: Dawn Raymond
Address: 19424 Sandy Springs Circle
Lutz, FL 34558

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ATROX, LLC
Address: 1001 S. MacDill Ave Suite 800
Tampa, FL 33629

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

Dawn Raymond
Required Signature/Registered Agent

2/27/14
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.

Atrox, LLC by: [Signature]
Required Signature/Incorporator

2.26.14
Date