

P14000029046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

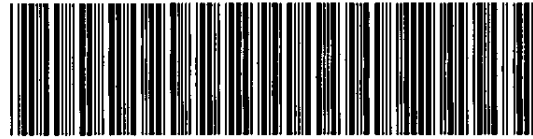
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W14-20665~~
~~W14-17628~~

Office Use Only



600257785686

03/17/14--01029--016 **78.75

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2014 MAR 31 PM 3:50

114

COVER LETTER

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

SUBJECT: RCE, 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: Lori Byrnes

Name (Printed or typed)

2686 Eagle Lake Drive

Address

Clermont, FL 3711

City, State & Zip

352.638.6000

Daytime Telephone number

lori.byrnes@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2014

LORI BYRNES
2686 EAGLE LAKE DRIVE
CLERMONT, FL 34711

SUBJECT: RCE, INC.
Ref. Number: W14000017628

We have received your document for RCE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 414A00005968

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAR 31 PM 3:50

ARTICLE I NAME

The name of the corporation shall be: Learning Inspired Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2686 Eagle Lake Drive

Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this business it to provide professional services for K12 and higher education with a focus of the infusion of technology into the curriculum and assessments. Sevices provided may include but are not limited to project management, system implementation, innovative uses of technology into the curriculum and professional development.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lori Byrnes-Owner

Name and Title: _____

Address 2686 Eagle Lake Drive
Clermont, FL 34711

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAR 31 PM 3:50

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: Lori Byrnes
Address: 2686 Eagle Lake Drive
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lori Byrnes
Address: 2686 Eagle Lake Drive
Clermont, FL 34711

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

Lori Byrnes
Required Signature/Registered Agent

3/7/14
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.

Lori Byrnes
Required Signature/Incorporator

3/7/14
Date