

COVER LETTER

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

SUBJECT: Guiding Star Educational Services, 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: Yvonne Silva
Name (Printed or typed)
7777 Davie Road Ext, Ste 302-1A, Bldg A
Address
Davie, FL 33024-2513
City, State & Zip
954-667-5525
Daytime Telephone number
yvonesilva.ys@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

The name of the corporation shall be: Guiding Star Educational Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7777 Davie Road Ext

Ste 302-1A, Bldg. A

Davie, FL. 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide services and guidance to educational institutions and clients in the

State of Florida and United States as permitted by law.

ARTICLE IV SHARES 250

The number of shares of stock is: 250

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yvonne Silva, President

Name and Title: Sergio P. Silva, V.P

Address 7777 Davie Road Ext
Ste 302-1A, Bldg A
Davie, FL 33024

Address: 7777 Davie Road Ext,
Ste 302-1A, Bldg. A
Davie, FL 33024

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 JUL 28 PM 4: 09
SECRET
STATE
TALLAHASSEE 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: Yvonne Silva
Address: 7777 Davie Road Ext
Ste. 302-1A, Bldg A, Davie, FL 33024

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Yvonne Silva
Address: 7777 Davie Road Ext, Ste 302-1A
Bldg. A Davie, FL 33024

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Yvonne Silva
Required Signature/Registered Agent

7/21/14
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.

Yvonne Silva
Required Signature/Incorporator

7/21/14
Date