

P14000065102

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☐ PICK-UP

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07/23/14--01011--004 \*\*78.75

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14 AUG - 4 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/5/14

**COVER LETTER**

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

**SUBJECT: LITTLE SCHOOL HOUSE**

(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM: HIEN N O'GRADY**

Name (Printed or typed)

**9659 Fairwood Ct.**

Address

**Port St Lucie Florida 34986**

City, State & Zip

**772-971-4702**

Daytime Telephone number

**Hockeyorholdem@yahoo.com**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG - 4 PM 3:11

FILED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2014

HIEN N O'GRADY  
9659 FAIRWOOD CT.  
PORT ST. LUCIE, FL 34986

SUBJECT: LITTLE SCHOOL HOUSE  
Ref. Number: W14000045412

REC'D  
14 AUG-4 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LITTLE SCHOOL HOUSE 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 214A00015897

*Thank you so kindly Mrs. Golden  
So excited!*

FILED  
14 AUG-4 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: LITTLE SCHOOL HOUSE

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9659 Fairwood Ct

Port St Lucie, Florida 34986

INC.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: EDUCATION

(Professional Corporation)

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: HIEN N O'GRADY

Name and Title: \_\_\_\_\_

Address 9659 Fairwood Ct

Address: \_\_\_\_\_

Port St Lucie, Fl. 34986

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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14 AUG - 4 PM 3:11  
SECRETARY OF 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: HIEN N O'GRADY  
Address: 9659 Fairwood Ct  
Port St Lucie, Fl. 34986

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HIEN N O'GRADY  
Address: 9659 Fairwood Ct  
Port St Lucie, Fl. 34986

*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*

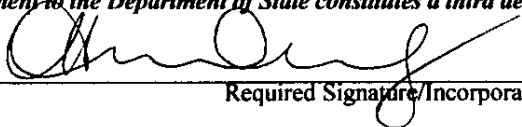


Required Signature/Registered Agent

07/21/2014

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.*



Required Signature/Incorporator

07/21/2014

Date

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14 AUG -4 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA