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Certified Copies	_ Certificate	s of Status	
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Special Instructions to	Filing Officer:		
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Office Use Only



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TOTEL OF CORPORATIONS

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Advantage Preschool

17500 Elmwood Ave.
Port Charlotte, FL 33948
941-920-8629
advantagepreschool@aol.com
www.advantagepreschool.weebly.com

November 28, 2014

To Whom It May Concern:

The purpose of this letter is to request to use the name of Advantage Preschool for my new corporation. I am the owner of the inactive corporation called Advantage Preschool (Document Number P13000082199). I wish to use the name again and open a new corporation which I have included the paperwork for. I have no intentions of filing a reinstatement on P13000082199. I am at a new location now and would like to start over with the corporation paperwork. Please call me if there are any questions. Thank you.

Sincerely,

Traci Jones

Owner/Director

COVER LETTER

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

SUBJECT:	Advantage A	reschool, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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:		MCS e (Printed or typed)		
	17500 Elm	nwood Avenue		
Port Charlotte, Fr. 33948 City, State & Zip				
	941 Daytime T	-920-8029 elephone number		
-	advanta E-mail address: (to be use	acpreschool (acol. com	

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the		tage Presc	hool, Inc.
ARTICLE II	PRINCIPAL OFFICE Principal street address	/	Mailing address, if different is:
	Elmusod Ave aulotte, FL 33948		
ARTICLE III The purpose for	PURPOSE which the corporation is organized is:	any and	all lawful business
			4 DIC - OF
			THE STATE ON A HIGH
ARTICLE IV The number of sh ARTICLE V	INITIAL OFFICERS AND/OR DI		Man Van Oven Duecton
	Rotonda West, 339	47	169 Bauer (ane Judsonia, AR 72081
Name an	P_{0}	Address:	i Title:
Name an	UCAD DALLING S	ruce Teladress:	! Title:

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: \rac{\rac{1000}{0000}}{10000}	
Address: 500 Boundary	Blud
Rotonda West,	FL 33947
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Taci Jones	
Address: 500 Boundary	y Blud
Address: 500 Boundary Rotonda West	E, FL 33947
	ice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity
Loves	11/28/14
Required Signature/Registere	ed Agent Date
	ed herein are true. I am aware that the false information submitted in a
document to the Department of Stafe constitutes a third	li 28/14
Required Signature/Incorp	orator Date