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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) DICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

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

The	 Public Tutoring Initiative Corporat 	tion				
SUBJECT:						
	(PROPOSED CORPO	RATE NAME - MUST INCL	UDE SUFFIX)			
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:			
₽ 670 (20 D #20 75	D 620.25	□ eea co			
\$70.0	•	\$78.75	\$87.50			
Filing Fe	ee Filing Fee	Filing Fee	Filing Fee,			
	& Certificate of Status	& Certified Copy	Certified Copy			
			& Certificate of			
			Status			
		ADDITIONAL CO	PY REQUIRED			
		•	•			
	Philip Artz					
FROM:						
	Name (Printed or typed) 150 Esperanza Way					
		Address				
	Palm Beach Gardens, Florida 334	118				
	City, State & Zip					
	440-343-0485					
	▼	e Telephone number				
	partz@publictutoring .org					
	E mail addrags: /to have	ised for future annual report	notification)			
	E-man address. (10 00 0	iscu for fature aminar report i	aouncation)			

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

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The second of the base St.		oring initiative Corpora	tion
The name of the benefit of	corporation shall be:		
ARTICLE II PRINC	TIPAL OFFICE		
	Principal street address		Mailing address, if different is:
150 Esperanza Wav		<u></u>	
Palm Beach Gardens			
Florida 33418			
	T STATEMENT AND BUSINESS		
	be a benefit corporation in accorda		
	he corporation is organized is to cre		
to provide nigh quality	y online ACT tutoring for college	e admission purposes to	0
lower income families	who generally could not afford o	or have access to this ty	pe of quality college
prep course.		-	
		<u>. </u>	<u> </u>
			in the second second
		• • • •	
The general and/or speci	ific public benefit(s) to be created b	v the corporation (in addi	tion to its general purpose) is/are as
follows (optional):	•	, , ,	
To provide online acc	ess to lower income families for i	high quality ACT colleg	e prep test preperation
Additionally, we will be	e giving course "scholarships" to	20% of our students. V	We also plan on giving
away far from our AC	T prop source to inner situation	albiabill ana ata a tu	
away, lot free, out AC	T prep course to inner city school	oi which will create a th	emendous
public benefit.			
	·		
	~~ 400		
ARTICLE IV SHARI The number of shares of			
The number of shares of	Stock is:		
ARTICLE V INITIA		EFIT DIRECTOR AND	BENEFIT OFFICER (if Applicable)
	Cassidy Artz- President		Mauri Artz- Director
Name and Title		Name and Title	
A dd=one	150 Esperanza Way	A diducan.	150 Esperanza Way
Address	Palm Beach Gardens	Address:	Palm Beach GArdens
	raini beach Cardens		Fain Beach GArdens
	Florida 33418		Florida 33418
Name and Wide		N 1.774	
name and 11tte:		name and little	y. *
Address		Address:	
· cadi vou		11301000.	

Name and Titl	e: ,	Name and Title:	
Address			
If applicable,	BENEFIT DIRECTOR: Mauri Artz	If applicable, BENEFIT OFFICER:	
Name:		Name:	
A -1-1	150 Esperanza Way	Address	
Address	Palm Beach Gardens Florida	Address:	
	33418		
	street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	auri Artz	7	ज
	0 Esperanza Way		3 Jan
Address:			== .
Pa 	Im Beach Gardens, FL 33418	<u></u>	6 1
ARTICLE VII INC	<u>ORPORATOR</u>	The Coard again is.	TH TO SEE
The name and addres	s of the Incorporator is:	다. 	<u> </u>
	Philip Artz	(i) >	····
Name:	150 Esperanza Way	_	
Address:	Palm Beach Gardens, FI 33418		
ARTICLE VIII ADL	DITIONAL QUALIFICATIONS OF BEN	EFIT DIRECTOR, IF ANY:	
		ess for the above stated corporation at the pla	
this certificate, I am fa	miliar with and accept the appointment as	registered agent and agree to act in this capac	city
	Required Signature/Registered Agent		Date
I submit this documer document to the Depa	nt and affirm that the facts stated herein of state constitutes a third degree fe	re true. I am aware that the false information lony as provided for in s.817.155, F.S.	on submitted in a
			Data
	Required 3 gnature/Incorporator	/ /	Date