

P16000016674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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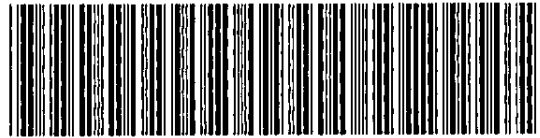
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 FEB 23 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guilgan FEB 23 2016

COVER LETTER

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

SUBJECT: Total Knowledge 101 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: Zandra Wingsten
Name (Printed or typed)
1969 Ancient Oak Dr
Address
Ocoee FL 34761
City, State & Zip
407 234-1838
Daytime Telephone number

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:

Total Knowledge 101 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

30 W. Grant St. Orlando
Fl. 32806 Bldg 129 Suite 112

1969 Ancient Oak Dr
Ocoee Fl 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may
engage in any activities of business permitted
under the laws of the United States and
of this state.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Zandra Wingster

Name and Title:

Address:

1969 Ancient Oak Dr
Ocoee Fl
34761

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB 23 AM 11:29

APPROVED
AND
FILED

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: Xavier Wingster
Address: 1969 Ancient Oak Dr
00000 FL 34761

ARTICLE VII INCORPORATOR

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

Name: Zandra Wingster
Address: 1969 Ancient Oak Dr
00000 FL 34761

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Xavier Wingster
Required Signature/Registered Agent

2-19-2016
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.

Zandra Wingster
Required Signature/Incorporator

2-23-2016
Date

update EIN 81-1463278

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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