

P/60000 26119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

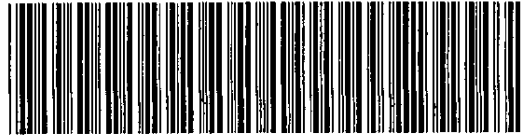
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MAR 23 2016

r. SCOTT



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03/16/16--01018--002 **78.75

COVER LETTER

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

SUBJECT: West Family Learning Center II, 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
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: Leuitriss McClellan
Name (Printed or typed)

5275 SE 103rd Lane
Address

Belleview, FL 34480
City, State & Zip

(352) 553-7043
Daytime Telephone number

Kanita22@yahoo.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: Wist Family Learning Center II, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

478.5 SE 103rd place
Bellevue, FL 34420

Mailing address, if different is:

5275 SE 103rd Lane
Bellevue, FL 34420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Child Care center

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Levitrius McClellan
President
Address: 5275 SE 113rd Lane
Bellevue, FL 34420

Name and Title: Earl McClellan
Vice President
Address: 5275 SE 103rd Lane
Bellevue, FL 34420

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

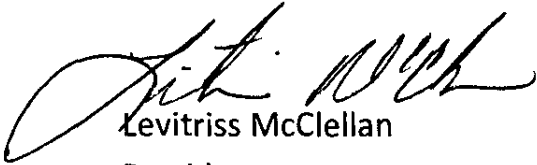
Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 16 PM 2:10

Please note: I have no intention of reinstating non-profit West Family Learning Center II, Inc

document # N14000001969. I am requesting the name be released.

A handwritten signature in black ink, appearing to read "Levitriss McClellan", written in a cursive style.

Levitriss McClellan

President

352-553-7043

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: Leuitniss McClellon
Address: 5275 SE 103rd Lane
Bellview, FL 34420

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leuitniss McClellon
Address: 5275 SE 103rd Lane
Bellview, FL 34420

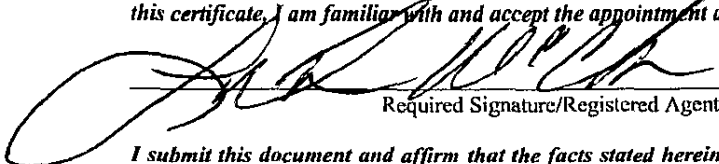
ARTICLE VIII EFFECTIVE DATE:

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

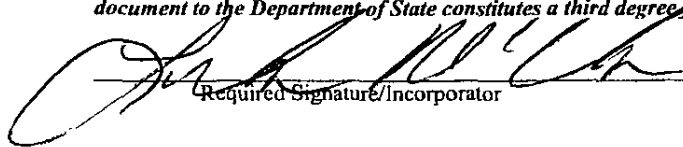


Required Signature/Registered Agent

3/14/2010

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

3/14/2010

Date