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(Requestor's Name)

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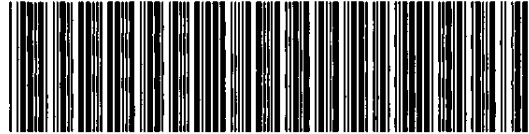
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: PSW Educational Consultants, Incorporated

(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: Pamela Sanders

Name (Printed or typed)

15353 SW 142 Terrace

Address

Miami, FL 33196

City, State & Zip

305-298-5576

Daytime Telephone number

pspam10@bellsouth.net

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: PSW Educational Consultants, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8950 SW 74 Court Suite 2201 C-3

PO Box 770022

Miami, FL 33196

Miami, FL 33177-9998

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide professional consultation regarding education planning, strategic development and support services to public and private K-12 learning environments and to engage in any of legal activities.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares at \$40.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pamela Sanders, President

Name and Title:

Address: 15353 SW 142 Terrace

Address:

Miami, FL 33196

Name and Title: Raymond White, Treasurer

Name and Title:

Address: 15353 SW 142 Terrace

Address:

Miami, FL 33196

Name and Title:

Name and Title:

Address:

Address:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 12 PM 2:51

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: Stanley E. Johnson, Esq.
Address: 9999 NE 2 Avenue Suite 219
Miami Shores, FL 33138

ARTICLE VII INCORPORATOR

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

Name: Pamela Sanders
Address: 15353 SW 142 Terrace
Miami, FL 33136

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

4/6/2016
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.


Required Signature/Incorporator

4/6/16
Date