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SEC. OF STATE
TOLSON

6/21/16

COVER LETTER

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

SUBJECT: Killian Montessori Immersion School, 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: Gladys B. Granda Rodriguez

Name (Printed or typed)

258 N.E. 27 Street

Address

Miami, FL 33137

City, State & Zip

(305) 573-9898

Daytime Telephone number

Gladys322@aol.com

E-mail address: (to be used for future annual report notification)

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

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EFFECTIVE DATE 06/11/16

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Killian Montessori Immersion School, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
Killian Montessori Immersion School, Inc.

8640 S.W. 112 Street

Miami, Fl. 33156

Mailing address, if different is:

Gladys B. Granda Rodriguez

258 N.E. 27 Street

Miami, Fl. 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Educational facility to teach students in accordance with the Montessori philosophy.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maderlene S. Granda Cabrera

Address: Director

5311 Riviera Drive

Coral Gables, Fl. 33146

Name and Title: _____

Address: _____

Name and Title: Hsiao Chi Chiu

Address: Director

14040 S.W. 83 Court

Miami, Fl. 33158

Name and Title: _____

Address: _____

Name and Title: Gladys B. Granda Rodriguez

Address: Director

680 Lake Road

Miami, Fl. 33137

Name and Title: _____

Address: _____

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: Gladys B. Granda Rodriguez

Address: 258 N.E. 27 Street

Miami, FL 33137

ARTICLE VII INCORPORATOR

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

Name: Gladys B. Granda Rodriguez

Address: 258 N.E. 27 Street

Miami, FL 33137

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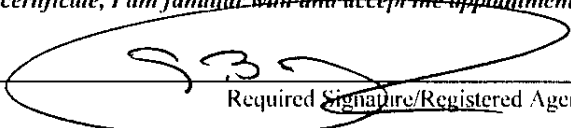
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 11th, 2016 (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

06/07/2016
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

06/07/2016
Date