

P17000003277

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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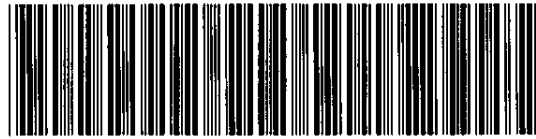
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. BURCH

JAN 12 2017

COVER LETTER

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

SUBJECT: The Teachers Toolbox of FL 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: Valerie Stewart
Name (Printed or typed)

P.O. Box 180673
Address

Tallahassee, Florida 32318
City, State & Zip

850 339 7512
Daytime Telephone number

Valerie Stewart 967@gmail.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: The Teachers Tool box on Wheels Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3959 Gaffney Loop
Tallahassee Florida
32303

Mailing address, if different is:
PO Box 180673
Tallahassee Florida
32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Provide resources to
teachers and parents. Education Resources

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valerie Stewart President Name and Title: _____

Address 3959 Gaffney Loop Address: _____
Tallahassee Florida
32303

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Valerie Stewart
Address: 3959 Gaffney Loop
Tallahassee Florida 32303

ARTICLE VII INCORPORATOR

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

Name: Valerie Stewart
Address: P.O. box 180673
Tallahassee Florida 32318

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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 days prior or 90 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

Valerie Stewart
Required Signature/Registered Agent

01/12/2017
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.

Valerie Stewart
Required Signature/Incorporator

01/12/2017
Date