P17000013914

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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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SECRETARY OF STATE

EFFECTIVE DATE 02/08/17

× 02/15/17

FILED

17 FEB IL AM 10: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.L.C. Tutoring electring Coach Scruices Incorported 02.07.17

Florida Bittiston Department of State Division of Corporations Representative,

Itelia! I hope your day
Is going well Please note,
I have no intention of
reconstating the certificate
(employer id #) 47-466996 under
the name of TLC Tutoring
and Learning Coach Services
Incorporated Please release
this new Profit Corporation
on behalf of this new
corporation.

Best Water

Lenoic McHugh

COVER LETTER

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

d are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
\$70.00	\$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
_	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		

Name (Printed or typed)

133 Penelope Drive
Address

Longwood FL 32750

City. State & Zip

321-800-0017

Daytime Telephone number

+1cscrvices flagmail. 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 1 NAME The name of the corporati	on shall be: TLC Tutorin	g & Lear	ning	Coach	Services,
	IPAL OFFICE Principal street address			ess, if different is:	
133 Pene	lope Dr				
<u>Longwood</u>	FC 39120				
	e corporation is organized is:				
tutoring	and learning coc	ich Ser	vice		tudents
·				AEC LEC	17 F
				ART A	
_					
				—————————————————————————————————————	<u>a</u> 0
); 08
	LOFFICERS AND/OR DIRECTORS	esident			
Name and Title	Tenore MicHigh	Name and Title:			
Address	133 Penclope Dr.	_ Address: _	<u></u>		
	Longwood, FL 327.	<u>50</u>			
Name and Title:		Name and Title:			
Address		_ Address:			
			<u></u>		
Name and Title:		Name and Title:	.		
Address		_ Address: _			
				.	<u>-</u>
				<u>-</u>	

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accepta		17 FE SECRI
Name: Lenore McHugh Address: 133 Penelopa Dr. Longwood FL 3	 a750	FILEO EB IL AN IO: 08 REIARY OF SIAIE AHASSEE, FLORID
ARTICLE VII INCORPORATOR		IO: 08 SIAIE LORIDA
The <u>name and address</u> of the Incorporator is:		
Name: Lenose MCHug	<u>h</u>	
Name: Lenoie McHugh Address: 133 Penelope D Longwood, FL	<u>37</u> 12 o	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and filing.)	3.17(OPTIONAL) cannot be more than five days prio	or or 90 days after the
Note: If the date inserted in this block does not meet the applitude document's effective date on the Department of State's rec		his date will not be listed as
Having been named as registered agent to accept service of p this certificate, I am familiar with and accept the appointment		
Required Signature/Registered Ager	ic Lenore meth	Date Date
I submit this document and affirm that the facts stated herei	in are true. I am aware that the fals	
document to the Department of State constitutes a third degree	z jeiony as proviaea jor in \$.81/.133.	02.08.17
Required Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date