

P17000014408

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

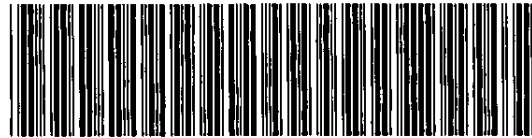
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-10827

02/15/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2017

JESSICA COMPTON
1809 MICCOSUKEE COMMONS DR., STE. 108
TALLAHASSEE, FL 32308

SUBJECT: COLLABORATIVE EDUCATIONAL NETWORK, LLC
Ref. Number: W17000010827

We have received your document for COLLABORATIVE EDUCATIONAL NETWORK, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

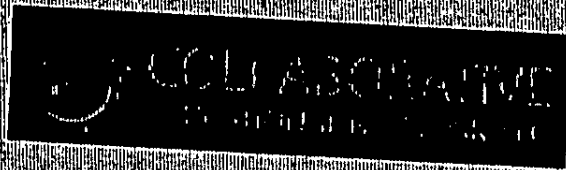
The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 717A00002391



2327 ARMISTEAD ROAD
TALLAHASSEE, FLORIDA 32308
(850) 727-4985

January 20, 2017

To: The Division of Corporations

I, Christine E. Noe, as managing member of Collaborative Educational Network, LLC, give permission to use the name Collaborative Educational Network, Inc., to be incorporated.

Sincerely,

Christine E. Noe, President
Collaborative Educational Network, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Collaborative Educational Network, LLC
(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: Jessica Compton
Name (Printed or typed)

1809 Miccosukee Commons Dr. Ste. 108
Address

Tallahassee FL 32308
City, State & Zip

850-422-1042
Daytime Telephone number

Jessica@comptonandlecpas.com
E-mail address: (to be used for future annual report notification)

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

17 FEB -2 PM 12:55

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: Collaborative Educational Network, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2327 Armistead Road

Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educational consulting.

ARTICLE IV SHARES

The number of shares of stock is: 1000

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christine E. Nol Pres. Name and Title: _____

Address 2327 Armistead Road Address: _____

Tallahassee, FL 32308

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Christine E. Noel
Address: 2327 Armistead Road
Tallahassee, FL 32308

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Compton & Lee, CPAs, PA
Address: 1809 Miccosukee Commons Dr. Ste. 108
Tallahassee, FL 32308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 1, 2017 (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

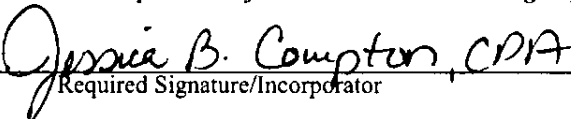


Required Signature/Registered Agent

1-31-17

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

1/31/17

Date