P18000041167

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000144403)))

H18000144403ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3336
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

The Alice Daring Academy, Inc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

RECEIVED
2018 MAY -8 PM 5:00
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

FILED
2018 MAY -8 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

MAY 09 2018

K. Brumbley

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 Alice Daring Academy, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

8188 MIZNER LANE
BOCA RATON, FL 33433

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EDUCATION

FILED
2018 MAY -8 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALLISON CITWAK, PRESIDENT
Address: 8188 MIZNER LANE, BOCA RATON, FL 33433

Name and Title: DR. AYISHAH DENNIS, V.P.
Address: 1630 NW 128TH DRIVE, SUNRISE, FL 33323

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: ALLISON LITWJAK

Address: 8188 MIZNER LANE

BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: GEORGE J. FARRELL, CPA

Address: 666 OLD COUNTRY RD, SUITE 601

GARDEN CITY, NY 11530

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

~~C T Corporation System~~

By: _____ 5.7.18

Required Signature/Registered Agent 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.

_____ 05/07/18

Required Signature/Incorporator Date