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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

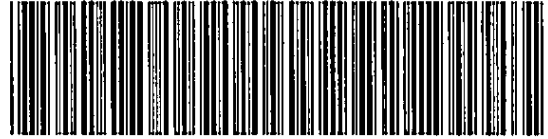
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: CORE TARGET EDUCATION INC.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ROXANNE LAWSON

Contact Person

CORE TARGET EDUCATION INC.

Firm/Company

116 BLACK OLIVE CRESCENT, *STE A*

Address

WEST PALM BEACH, FL.33411

City, State and Zip Code

roxalaw@gmail.com

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

For further information concerning this matter, please call:

ROXANNE LAWSON at (561) 208-6913

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees \$113.75 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Signed this 25 day of MARCH, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Printed Name: ROXANNE LAWSON Title: REGISTERED AGENT, PARTNER

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: ROXANNE LAWSON Title: REG. AGENT, PARTNER

Signature: 

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of **ALL** General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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FLORIDA SECRETARIAT

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: CORE TARGET EDUCATION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
116 BLACK OLIVE CRESCENT, STE A
WEST PALM BEACH, FL 33411

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE K-12 ACADEMIC CONSULTING SERVICES TO SCHOOLS, NETWORKS, DISTRICTS AND
STATE DEPARTMENTS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROXANNE LAWSON, ~~REG AGENT~~ ^{CEO}

Address: 116 BLACK OLIVE CRESCENT
WEST PALM BEACH FL 33411

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT
CLERK OF DISTRICT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

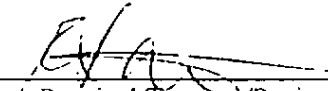
Name: ROXANNE LAWSON
Address: 116 BLACK OLIVE CRESCENT, STE A
WEST PAM BEACH, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: ROXANNE LAWSON
Address: 116 BLACK OLIVE CRESCENT, STE
WEST PALM BEACH, FL 33411

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

3/25/19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

3/25/19
/Date

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA