

P21000035984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK UP

☐

WAIT

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MAIL

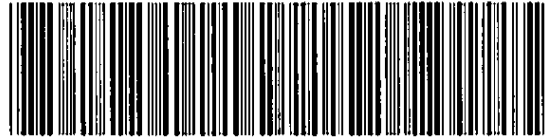
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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RECEIVED

2021 APR 21 PM 1:18
SECRETARY OF STATE
FALL AHBSSFC FINANCIAL

2021 APR 21 AM 11:26

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/21/2021

****WALK IN****

ENTITY NAME LITTLE SCHOLARS EDUCATION SERVICES, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX _____

Plain Copy

****WALK IN****

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Little Schotars Education Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

11161 State Road 70 E, Suite 110 PMB 201

Lakewood Ranch, FL 34202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carey Anne Fruman Leichter - D, P, VP, S

Name and Title: _____

Address 11161 State Road 70 E, Suite 110 PMB 201

Address: _____

Lakewood Ranch, FL 34202

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2011 APR 21 AM 11:26

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: MyCompanyWorks, Inc.
Address: 625 E. Twiggs St., Ste. 1000
Tampa, FL 33602

ARTICLE VII INCORPORATOR

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

Name: Ed Tsuji
Address: 187 E. Warm Springs Rd., Ste. B
Las Vegas, NV 89119

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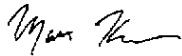
ARTICLE VIII EFFECTIVE DATE:

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



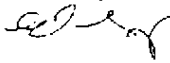
Matthew Knee, President of MyCompanyWorks, Inc.

04/21/2021

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.



04/21/2021

Required Signature/Incorporator

Date