

P21000070656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

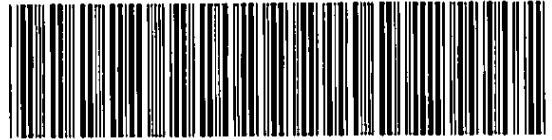
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

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FILE 2ND

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 942274 7573562

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 3, 2021

ORDER TIME : 2:21 PM

ORDER NO. : 942274-010

CUSTOMER NO: 7573562

DOMESTIC FILING

NAME: NEW HORIZONS COMPUTER LEARNING  
CENTERS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FL

## COVER LETTER

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

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2021 AUG -4 AM 11:54  
CLERK OF COURT  
TALLAHASSEE, FL

**SUBJECT:** New Horizons Computer Learning Centers, Inc.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Gregory E Marsella  
Name (Printed or typed)  
2502 N Rocky Point Dr, Suite 500  
Address  
Tampa, FL 33607  
City, State & Zip  
714-940-8074  
Daytime Telephone number  
wendi.livingston@newhorizons.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 I NAME**

The name of the corporation shall be: New Horizons Computer Learning Centers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2502 N Rocky Point Dr, Suite 500  
Tampa, FL 33607

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any lawful purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 3,000 common, \$0.01 par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mikell R. Parsch, Director

Address: 2502 N Rocky Point Dr, Suite 500  
Tampa, FL 33607

Name and Title: David L. Warnock, Director

Address: 2502 N Rocky Point Dr, Suite 500  
Tampa, FL 33607

Name and Title: Mikell, R. Parsch, President & CEO

Address: 2502 N Rocky Point Dr, Suite 500  
Tampa, FL 33607

Name and Title: John H. Graves, CFO, Treasurer

Address: 2502 N Rocky Point Dr, Suite 500  
Tampa, FL 33607

Name and Title: Gregory E Marsella, SVP, Secretary

Address: 2502 N Rocky Point Dr, Suite 500  
Tampa, FL 33607

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

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**ARTICLE VII INCORPORATOR**

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

Name: Gregory E. Marsella  
Address: 2502 N Rocky Point Dr, Suite 500  
Tampa, FL 33607

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 3, 2021 (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*

*Eylina Bahor*  
Assistant Vice President

Required Signature/Registered Agent

08/04/2021

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.*

DocuSigned by:

*[Signature]*

Required Signature/Incorporator

August 3, 2021

Date