

P21000099598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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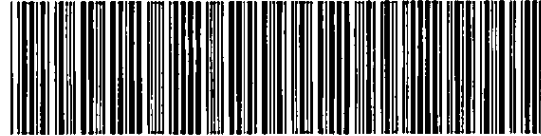
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY
DIVISION OF REVENUE
21 OCT -5 AM 9:55

NOV 29 2021

COVER LETTER

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

SUBJECT: School Pro 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: Benjamin Horwitz
Name (Printed or Typed)

5702 SE Laguna ave
Address

Stuart, FL 34997
City, State & Zip

(561) 313-0704
Daytime Telephonic number

Bhorwitz85@gmail.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)

RECEIVED
DIVISION OF CORPORATIONS
21 OCT -5 AM '95

ARTICLE I NAME

The name of the corporation shall be: School Pro, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5702 SE Laguna Ave
Stuart, FL 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to assist kids in learning and
have the parents being able to go to work.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benjamin Horwitz / president Name and Title: _____

Address: 5702 SE Laguna Ave Address: _____
Stuart, Florida 34997

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: Benjamin Horwitz Name and Title: _____
Address: 5702 SE Laguna Ave. Address: _____
Stuart, FL 34987 _____

ARTICLE VI REGISTERED AGENT

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

Name: _____

Address: _____

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: _____

Address: _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/28/21 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior to the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirement, the document's effective date on the Department of State's records will be the date of filing.

Effective date
can only be
"5" business
days prior to
the date of filing

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

9/29/21
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s. 317.155, F.S.

Required Signature Incorporator

1/24/21
Date