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(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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21 OCT -5 AM 9:56

NOV 29 2021

COVER LETTER

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

SUBJECT: SchoolPro 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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, 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 Telephone 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)

21 OCT -5 AM 9:55

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal street address

5702 SE Ingunn 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

Address: 5702 SE Ingunn ave
Stuart, Florida 34997

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title: Benjamin Horwitz

Address: 5702 SE Laguna Ave.
Stuart, FL 34997

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 (OPTIO

(If an effective date is listed, the date must be specific and cannot be more than five d filing.)

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

Note: If the date inserted in this block does not meet the applicable statutory filing requir 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

_____ 9/24/21

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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ 9/24/21

Required Signature Incorporator Date