

P95000049707

6-22-95

Enclosed is a money order in  
the amount of \$122.50. Please  
file the enclosed articles and  
return via Fed Ex - airbill  
for return is enclosed.

Thank you

300001522133  
-06/23/95--01074--003  
\*\*\*\*122.50 \*\*\*\*122.50

407 585-1540

ALPHA EARLY EDUCATION CTR  
1969 LANTANA RD  
LANTANA, FL

33462

95 JUN 23 PM 2:36

Vgo

## **ARTICLES OF INCORPORATION**

The undersigned, acting as Incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

1. **NAME.** The name of the corporation is:

Wendell Phillips Co.

2. **ADDRESS.** The principal address of the corporation is:

C/O Bob Herrick  
531 Forestview Drive  
Atlantis, Florida 33462

3. **DURATION.** The period of its duration is perpetual.

4. **PURPOSE.** The purpose is to engage in any activities or business permitted under the laws of the United States, Florida and any other state, country, territory or nation.

5. **CAPITAL STOCK.** The corporation is authorized to issue One Hundred (100) shares, all of one class, at one-dollar (\$1.00) par value.

Additional shares can be issued only with a vote of the shareholders holding a majority of shares.

6. **INITIAL REGISTERED OFFICE AND AGENT.** The name and address of the initial registered agent and office of this corporation is as follows:

Bob Herrick  
531 Forestview Drive  
Atlantis, Florida 33462

7. **INITIAL BOARD OF DIRECTORS.** This corporation shall have one (1) director initially, who shall be:

Bob Herrick

55 JUN 23 PM 2:34

8. INCORPORATOR. The name and address of the Incorporator signing these Articles of Incorporation is:

Bob Herrick  
531 Forestview Drive  
Atlantis, Florida 33462

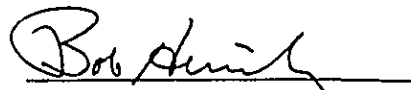
9. OFFICERS. The initial officers of the corporation shall be as follows:

Bob Herrick: President, Treasurer, Secretary

10. AMENDMENT TO ARTICLES. This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

**EXECUTION BY INCORPORATOR  
AND ACCEPTANCE BY REGISTERED AGENT**

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 22<sup>th</sup> day of June, 1995, and does thereby agree to act as the initial registered agent of the corporation.

  
Bob Herrick  
Incorporator, Registered Agent

57 JUN 23 PM 2:34

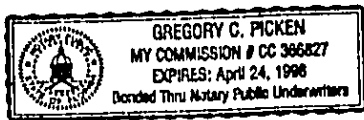
STATE OF FLORIDA )

)ss:

COUNTY OF PALM BEACH )

BEFORE ME, the undersigned authority, personally appeared Bob Herrick, to me known to be the person who executed the foregoing Articles of Incorporation, and he acknowledged to and before me that he executed such document and that he is well known to me or has produced a drivers license as identification and did (did not) take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and seal  
this 22<sup>nd</sup> day of June, 1995.



A handwritten signature in dark ink, appearing to be "G. Picken", written over a horizontal line.

Notary Public, State of Florida

My Commission Expires:

Commission No. \_\_\_\_\_

\_\_\_\_\_  
Typed/Printed name of Notary

P95000049707

WENDELL PHILLIPS CO.  
4781 CONGRESS AVENUE #107  
LANTANA, FL 33462

Re: 65-0592538/address change

To Whom It May Concern,

P95-49707

Please be advised that Wendell Phillips Co. has a new corporate mailing address as follows.

Wendell Phillips Co.  
4781 Congress Ave. #107  
Lantana, FL 33462

Thank you,

Bob Herrick

wpd  
JP 5/16

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000049707**

1 Corporation Name

**WENDELL PHILLIPS CO.**

FILED

96 SEP 30 PM 6:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4781 CONGRESS AVE. #107  
LANTANA FL 33462

Mailing Address

4781 CONGRESS AVE. #107  
LANTANA FL 33462



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4 Date Incorporated or Qualified  
To Do Business in Florida

06/23/1995

5 FEI Number

65-0592538

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional fee required  
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTSD	HERRICK, BOB	531 FORESTVIEW DRIVE	ATLANTIS FL 33462

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-10/15/96--01175--023  
\*\*\*\*383-75 \*\*\*\*383-75

*[Signature]*  
10/14/96

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

HERRICK, BOB  
531 FORESTVIEW DRIVE  
ATLANTIS FL 33462

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **9-23-96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-23-96**

Date

Daytime Phone #

CR2040 (7/96)