

P960000077086

TRANSMITTAL LETTER

SEP 16 1996

TALLAHASSEE, FLORIDA

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

PARENTS TEACHING AIDS, INC.

SUBJECT: \_\_\_\_\_  
(Proposed corporate name - must include suffix)

100001948251  
-09/16/96--01065--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: JUAN PABLO DUARTE  
Name (printed or typed)  
15320 SW 106 TERR 1116  
Address  
Miami, Florida 33196  
City, State & Zip  
(305) 382-1056  
Daytime Telephone number

PJ  
9/17/96

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

RECEIVED  
JAN 16 1986  
TALLAHASSEE, FLORIDA

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

PARENTS TEACHING AIDS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15320 SW 106 Terr. 1116 Miami, FL 33196

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN PABLO DUARTE

15320 SW 106 TERR 1116, Miami, FL 33196

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JUAN PABLO DUARTE

15320 SW 106 Terrace 1116  
Miami, FL 33196

CLAUDIA DUARTE

15320 SW 106 Terrace 1116  
Miami, FL 33196

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The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12<sup>th</sup> day of September, 1996.



Signature



Signature

Signature

**Articles of Incorporation  
Filing Fee - \$35**

SEP 16 1996  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PARENTS TEACHING AIDS, INC.

2. The name and address of the registered agent and office is:

JUAN PABLO DUARTE

(Name)

15320 SW 106 TERR 1116

(P.O. Box or Mail Drop Box **NOT** acceptable)

Miami, Florida 33196

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

12-September-1996  
(Date)