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

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-02/08/99--01121--019 *****70.00 *****70.00

SUBJECT:	Oxford Academy of (Proposed corpor	cate name - must include suffi	x)	
\$70.00	al and one(1) copy of the artic \$78.75 Filing Fee & Certificate of Status	cles of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status	T 1 33
FROM	Dorothy Simmons	rinted or typed)		
	2898 N Universit	ty Dr. Ste. 56		
	Coral Springs I	FL 33065-1421 State & Zip	· ··	
	954-255-1575			— m = v = m = . = . =
	Daytime T	elephone number		

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

2/10

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

\boldsymbol{A}	RTI	CL	E	I	NAME
			_	~	4 44 31712

The name of the corporation shall be:

OXFORD ACADEMY OF CORAL SPRINGS, INC.

ARTICLE II PRINGAL OFFICE

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

2898 N University Dr #56 Coral Springs, FL 33065-1421

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 Florida street address of the initial registered agent are:

Dorothy Simmons

2898 N University Dr #56

ARTICLE V

Coral Springs

FL 33065-1421

The name and address of the incorporator to these Articles of Incorporation are:

Patricia A. Jemery Edge Accounting & Tax Services Inc 1164-N Lake Victoria Dr

West Palm Beach, FL 3341

Patricia de Jenere Signature/Incorporator 1/8/99

Date

(An additional article must be added if an effective date is requested.)

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

Dorotty Stamono 1/8/99
Signature/Registered Agent Date