

P9900039339

TRANSMITTAL LETTER

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

SUBJECT: HEALING MINDS TUTORIAL CENTER, INCORPORATED.
(Proposed corporate name - must include suffix)

500002858185--3
-04/30/99--01054--018
*****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

^{78.75}
☒ ~~\$122.50~~
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

RECEIVED

99 APR 30 AM 11:32

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FROM:

DONOVAN D. WASHINGTON

Name (Printed or typed)

3052 DONNA DRIVE

Address

JACKSONVILLE, FLORIDA 32208-2441

City, State & Zip

(904) 768-9411

VOICE MAIL: (904) 815-7038

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 30 AM 11:37

FILED

will send

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

CB 4-30-99

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.

ARTICLE I NAME

The name of the corporation shall be:

HEALING MINDS TUTORIAL CENTER, INCORPORATED.

ARTICLE II PRINCIPAL OFFICE

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

8675 WASHINGTON AVENUE
JACKSONVILLE, FLORIDA 32208

ARTICLE III SHARES

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

500 to 1000 SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DONOVAN D. WASHINGTON
3052 DONNA DRIVE JACKSONVILLE, FLORIDA 32208-2441

ARTICLE V INCORPORATOR

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

DONOVAN D. WASHINGTON
3052 DONNA DRIVE
JACKSONVILLE, FLORIDA 32208-2441


Signature/Incorporator


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.


Signature/Registered Agent


Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 30 AM 11:37

FILED