

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

> 400002347244--- 2 -08/02/93--01028--011 ******87.50 ******87.50

SUBJECT: Andréa Elizabeth's Institution of Learning
(Proposed corporate name - must include suffix)

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

🛭 \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Andréa Elizabeth Hogan
Name (Printed or Typed)

3936 S. Semoran Blud. #469

Orlando, Florida 32822 City, State & Zip

401-282-0115 or 1 000 3	<u>373</u> -858	34	
Andrea Lizabeth GAVE Daytime Telephone number	SECO	99	
AUTHORIZATION BY PHONE TO	RETAI	AUG	-
CORRECT Suffix	SSEE	-2	1
DATE 7/29	OF ST	P	,

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

PN II: 56 PESTATE FLORIDA

"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:

Andréa Elizabeth's Institution of Learning, INC.

ARTICLE II PRINCIPAL OFFICE

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

3936 S. Semoran Blvd. #469 Orlando, Florida 32822

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Delma Dale Hogan 2535 S. Semoran Blud. # 1634 Orlando Florida 32822 ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Andréa E. Hogan 3936 S. Semoran Blud. #469 Orlando, Fl 32822

Signature/Incorporator

4-15-99

(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 Upul 28, 199

Date

Delma Hogan is known to me personally. Sworn to and subscribed before me this 28th day of April A.D., 1999 State of Florida, County of Orange

Jeanne Kalwitz, Notary Public

✓ Jeanine Kalwitz
 ✓ My Commission CC622162
 ✓ Expires February 17, 2001