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

500002966895 -08/23/99--01100--008 \*\*\*\*\*87.50 \*\*\*\*\*87.50

(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 Filing Fcc

... 🖸 \$78.75

Filing Fee

& Certificate of Status

**□ \$78.75** 

**ጃ \$87.50** 

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

î

12240 Garden Drive 954 - 432 - 3036 Dayome Telephone number. 1,1

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

PHONE NO. : 9546985898

Aug. 19 1999 11:17AM P5 623 P06 DEC 22 '98 12:58

## ARTICLES OF INCORPORATION

The undersigned incorporator, far 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:

Educators,

PRINCIPAL OFFICE

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

12240 Garden Drive cooper CITY, FL 33030

EMF. 5722 S. Flamin cooper city, Fi

ARTICLE III **SHARES** 

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

500 shares common stock IN PAR value

INITIAL REGISTERED AGENT AND STREET

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

LISA M. GOMEZ 12240 Garden Drive COOPER CITY, FI

INCORPORATOR

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

Theresa Conte 12240 Garden Dr. cooper city,

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

Having been named divergistered agent and to accept survice 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