

NO 3000000688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Menelas GAVE

AUTHORIZATION BY PHONE TO

CORRECT gates

DATE 1/28/03

DOC. EXAM Doe White

✓ D. WHITE JAN 28 2003

Office Use Only



500010375195

01/21/03 --01077--005 **\$7.50

03 JAN 21 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

TRANSMITTAL LETTER

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

SUBJECT: DELTA MANAGEMENT AND EDUCATION INC.
(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 Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MENEAS VILSAINT
Name (Printed or typed)

1687 NE 181 STREET
Address

NMB FL 33162
City, State & Zip

(305) 759-1155 or (305) 956-3646
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

APPROVED
AND
FILED

03 JAN 21 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Delta Management and Education, INC.

ARTICLE II PRINCIPAL OFFICE

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

*1687 NE 181 Street
NMB FL 33162*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Not for Profit - Corporation will
be provided community services: Education about health,
manage care systems, housing, HIV transmission and prevention.*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*Directors will be strictly elected by the Board of Directors
as mentioned in our By-Laws*

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

*Menelas Vilsaint: Executive Director (1687 NE 181st NMB FL 33162)
CAMAN A. ROCK: Assistant Director (1687 NE 181st NMB FL 33162)
Marie Clermont: Manage Care Executive (1687 NE 181st NMB FL 33162)*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Menelas Vilsaint 1687 NE 181st NMB FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAMAN ROCK 1687 NE 181st NMB FL 33162

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

[Signature]
Signature/Registered Agent

12/24/02
Date

[Signature]
Signature/Incorporator

12/24/02
Date