N03000000688

(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 articles
DATE 1/28/03
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APPROVED AND FILED
03 JAN 21 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 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: MENELAS 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 system, housing, HIV transmission and preventi...

**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 (1687NE 181st NMB Fl 3316
CAMAN A. ROCK: Assistant Director (1687NE 181st NMB Fl 33162
Marie Clermont: Manage Care Executive (1687NE 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/Registered Agent — Date: 12/24/02

Signature/Incorporator — Date: 12/24/02