

NO30000004653

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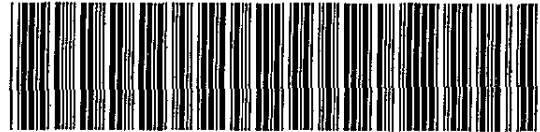
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TALLAHASSEE, FLORIDA

03 MAY 30 PM 12:52

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NO3-13877  
KSP  
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## TRANSMITTAL LETTER

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

SUBJECT: COMMUNITY EDUCATION CENTERS, 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: DR. COLIN A. FORDE  
Name (Printed or typed)

P.O. BOX 173771  
Address

HIALEAH, FL 33017  
City, State & Zip

(305) 556-8654  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 14, 2003

DR. COLIN A. FORDE  
P.O. BOX 173771  
HIALEAH, FL 33017

SUBJECT: COMMUNITY EDUCATION CENTERS, INC.  
Ref. Number: W03000013877

We have received your document for COMMUNITY EDUCATION CENTERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Stacy Prather  
Document Specialist Supervisor  
New Filings Section

Letter Number: 803A00029801

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

COMMUNITY EMPLOYMENT AND COUNSELING CENTER

## ARTICLE II PRINCIPAL OFFICE

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

12763 SW 50 Street  
MIRAMAR, FL 33027

MAILING ADDRESS:

P.O. Box 173771  
HIALEAH, FL 33017

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide family counseling, housing assistance, job skills training and other educational services to low/moderate income families in economically disadvantaged communities

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be appointed by the Executive Director.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

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

DR. COLIN A. FORDE - 12763 SW 50 STREET, MIRAMAR, FL 33027

CHRISTINE M. KING - 1270 NW 131 STREET, MIAMI, FL 33167

CELESTE A. BOWEN - 1100 ST. CHARLES PLACE, D-416, PEMBROKE PINES, FL 33026

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DR. COLIN A. FORDE  
12763 SW 50 STREET, MIRAMAR, FL 33027

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR. COLIN A. FORDE  
12763 SW 50 STREET, MIRAMAR, FL 33027

\*\*\*\*\*  
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

5-3-03

Signature/Incorporator

Date

5-3-03