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COVER LETTER

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

SUBJECT: Parents Family & Community Involvement Group, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one(1) copy of the Articl	es of Incorporation and a	check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Dr. Jose M. Maunez-C	uadra nted or typed)	_
	1121 Trotwood Blvd	ldress	- · · · · ·
	Winter Springs, FL 32	2708 tate & Zip	_
	321-277-2600	-	

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Parents Family & Community Involvement Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2200 N. Alafaya Trail, Suite 700, Orlando, FL 32826

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized to promote awareness of learning disabilities and help needy parents of learning disabled children with necessary therapy and tuition costs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The directors will be appointed from a group of parents that are direct beneficiaries and prominent members of the local community who are deemed influential and selfless in nature.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Dr. Jose M. Maunez-Cuadra - Chairman of the Board and President.

Maria del Carmen Sanchez - Secretary

Elba I. Cruz-Pagan - Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dr. Jose M. Maunez-Cuadra

1121 Trotwood Blvd, Winter Springs, FL 32708.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Pierce Esq.,

800 N Ferncreek Ave, Orlando, FL 32803 - (407) 898-4848

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

Signature/Registofed Agent

Signature/Incorporator

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Sate /