| (Requestor's Name) | | | | |
|---|-------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | : | | |
| | | | | |
| | | | | |

Office Use Only





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06/11/07--01009--010 **70.00

COVER LETTER

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

| SUBJECT: Parents Without Partners, Inc Chapter 1385 | | | | |
|--|--|--|--|--|
| Enclosed is an original ar | (PROPOSED CORPORATION OF THE Article one (1) copy of the Article | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate | |
| FROM: Donna Mazzavisi Name (Printed or typed) 22508 Sea Bass Drin Address | | | | |
| Boca Raton, FL 33428 City, State & Zip 561-218-2782 | | | | |

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

Daytime Telephone number

ARTICLES OF INCORPORATIONIn Compliance with Chapter 617, F.S., (Not for Profit)

| The name of the corporation shall be: Parents Without | Partners, Inc Chapter 1383 |
|---|--|
| ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation Mailing address - PO Box 9051, Coral S Physical address - 22508 Sea Bass Drive ARTICLE III PURPOSE The purpose for which the corporation is organized is: To provide educational support to single pursuant to TRS code 501(c)(3). | prings, FL 33075 re, Boca Raton, FL 33428 parents and their children. |
| ARTICLE IV MANNER OF ELECTION | O7 JUNII I |
| The manner in which the directors are elected or appointed: | ASS. |
| Annual elections. | LED I PH 3: 56 |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS |) |
| List name(s), address(es) and specific title(s): President - Ray Balzer 10B1 NW 35th St. | #D Coral Spring, FL 33065 |
| VP- Michaela Neilson 1078 Fairfield Med | mus Rd Western G. 33327 |
| Treasurer - Donna Mazzaris: 22508 Sea Bass | 20-3 (-6) |
| ARTICLE VI INITIAL REGISTERED AGENT AND STR | |
| The name and Florida street address (P.O. Box NOT acceptable) of 22508 Sea Bass Drive Donna W Boca Raton FL 33428 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Donné Mazzarisi | |
| 22507 See Bess Drive | |
| Boca Radon, Fr 33428 | ****** |
| laving been named as registered agent to accept service of process for the ab n this certificate, I am familiar with and accept the appointment as registered | |
| Uhaz. | 6-1-07 |
| Signature/Registered Agent | Date |
| n has | 6-1-07 |
| Signature/Incorporator | Date |