ND900005309

(Requestor's Name)	
(Address)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)	
(L)U	isiness Entry Name
(Document Number)	
Certified Copies	_ Certificates of Status
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Special Instructions to Filing Officer:	

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CO VE QLETTER

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

OMMUNITY HEALTHAEDUCATION FOUNDATIO (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC SUBJECT:

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

570.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status □\$78.75 Filing Fee & Certified Copy

Service Servic

ADDITIONAL COPY REQUIRED

CHARLES D. COUNTIN Name (Printed or typed) FROM:

8441 NW Jul AVE SUITE 300

M/AM/ FL. 33/69 City, State & Zip

305-7930972 Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2009

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MARVA BROWN-TELFER 18441 NW 2ND AVE, SUITE 300 MIAMI, FL 33169

SUBJECT: COMMUNITY HEALTH AND EDUCATION FOUNDATION, INC. Ref. Number: W09000014842

We have received your document for COMMUNITY HEALTH AND EDUCATION FOUNDATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not required to file your business name. Please select the proper application (PROFIT or NON PROFIT) I have enclosed for your convenience. Please retain the bylaws for your records.

Please return the corrected 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) 245-6933.

Dale White Regulatory Specialist II New Filing Section

Letter Number: 409A00010637

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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COMMUNITY HEALTH & EDUCATION FOUNDATION, INCRETARY OF STATE

Article 1:

The name of this corporation shall be COMMUNITY HEALTH & EDUCATION FOUNDATION, Inc.

Article II:

The principal place of business of the Community Health and Education Foundation, Inc is 18441 NW 2nd Avenue, Suite 300, Miami, Florida 33169. The mailing address is PO. Box. 14701, Miami, Florida 33101

Article III:

The purpose for which the corporation is organized is: to represent all branches of the health care and education industry and all other individuals interested in the Objectives of the Association.

The corporation shall be nonprofit, nonsectarian and nonpartisan group. The name of the Association shall not be used in connection with any commercial concern, any particular product, and any partisan interest or for any purpose other than the regular work of the Association.

Article IV:

Elections:

- A. The Officers shall be elected by ballot at the Annual Convention in odd numbered calendar years by a majority vote. For an uncontested office, the President may declare the nominee elected.
- B. Members and alternates of the Nominating Committee shall be elected at the Annual Convention in even numbered calendar years.

Article V:

Director/Officers

President:

Vi-President

_Marva Brown-Telfer 3024 SW 137 Terrace Miramar, Florida 33027 Tel: 754-244-0801

Secretary

Charles D Countin 8126 SW 83 Street Miami, Florida 33143 Tel: 305-598-0672 Augusto Zagarra 11348 SW 161 Place Miami, Florida 33196 Tel: 305-382-1008

<u>Treasure</u> Pammaree Campbell 1566 Mira Vista Circle Weston, Florida 33327 Tel: 305-794-2893

Board Members

Joyce Byrd-Strozier 986 Hyannis Port Dr Jacksonville, Florida 32225 Tel: 954-683-0038

Safiya Solomon 10023 Winding Lake Rd # 201 Sunrise, Florida 33351 Tel: 305-546-5871 Keisha Wiltshire 9420 Sunrise Lake Blvd Building121 # 103 Building 121 APT # 103 Sunrise, Florida 33322 Tel: 954-663-0443

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Article VI, INITIAL REGISTERED AGENT AND STREET ADDRESS.

SECRETARY OF STATE

Marva Brown-Telfen[®] 18441 NW 2nd Avenue Suite 300 Miami, Florida 33169 Tel: 305-249-2275

Article VII:

The name and address of the Incorporator.

Charles D Countin 8126 SW 83 Street Miami, Florida 33143 Tel: 305-598-0672

Having been named as registered agent to accept service of process for the abouve 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.

Morva Braun- Telfer PN Signature /Registered Agent

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Signature/Incorporator

Date 5/26/095/26/09