## N12000006207

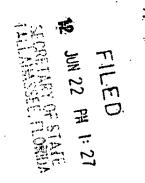
(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	•	~_
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Office Use Only



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## **COVER LETTER**

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

Tallallassee, FL 52514	· ;		•	
SUBJECT: Profe	essional Educatio (PROPOSED CORPORAT	•		
Enclosed is an original	and one (1) copy of the Artic	cles of Incorporation and	d 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 C	OPY REQUIRED	
FROM:	Mr. Paul Braxton	inted or typed)	_	
	5610 Jefferson Street		<del></del>	
Hollywood, FL 33023  City, State & Zip				
	(305) 335-3775			
	5010 InstDautinge To	BANNANA KIIMBAT		

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

E-mail address: (to be used for future annual report notification)

paulbraxton@att.net



June 12, 2012

MR. PAUL BRAXTON 5610 JEFFERSON STREET HOLLYWOOD, FL 33023

SUBJECT: PROFESSIONAL EDUCATION PROVIDERS, INC.

Ref. Number: W12000031828

We have received your document for PROFESSIONAL EDUCATION PROVIDERS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 312A00016477

## \* ARTICLES OF INCORPORATION

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

ARTICLE I The name of the co	NAME Professional Education Proporation shall be:	Providers, Inc.	FILED		
ARTICLE II	PRINCIPAL OFFICE		JUN 22 PN 1: 27		
	Principal street address	M	arring address, it different is:		
•	5610 Jefferson Street		SEUNE TARY OF STATE		
	Hollywood, FL 33023		CALLARASSEE, FLORIDA		
ARTICLE III	PURPOSE				
	which the corporation is organized is:				
	uality education in an attempt to assure	high school graduati	on to an at risk population.		
ARTICLE IV	MANNER OF ELECTION The manner in wh				
elected as a non-executive D	I first for a year. The following year they would be elected. New Executive Director would irector who will contribute advice. These members will be elected every 2 years. Selected	d members of the stakeholders will be involved	d in the electoral process of the nonprofit corporation.Mr		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS				
Address:	5610 Jefferson Street Hollywood, FL 33023	Address:			
	Hollywood, FL 33023	<del></del> .			
		<del></del>			
			· · · · · · · · · · · · · · · · · · ·		
Address:		Address:			
	Homestead, FL 33033				
Address:	606 W 81 Street Apartment 412	Address:			
	Hialeah, FL 33014				
	THAISBIT, I E. MOVIT				
ARTICLE VI	REGISTERED AGENT				
The <u>name and FR</u> Name:	rida street address (P.O. Box NOT acceptable) of the	e registered agent is:			
Address:	5610 Jefferson Street Hollywood, Fl. 33023				
4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
The name and ad	INCORPORATOR dress of the Incorporator is:				
Name:	Mr. Paul Braxton				
Address:	5610 Jefferson Street				
	Hollywood, FL 33023				
	<del></del>				
	ed as registered agent to accept service of process niliar with and accept the appointment as registered				
	1 But		1		
-/ pu	Required Signature of Registered Agent		June 18 2012		
	Required Signature of Registered Agent		Date		
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document					
to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
	2/31		0. 10 = 212		
( au	Maff-	<del> </del>	Perce 18 2012		
-	Required Signature of Incorporator	//	/ Date/		