

N 13000002756

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : RE-MMAP INC
Account Number : I20110000080
Phone : (561) 623-0241
Fax Number : (561) 953-0089

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@RE-MMAP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
THE DEPUTY - STUDENT PARTNERSHIP FOR EDUCATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 21 AM 11:44

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J. Stivers MAR 22 2013
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COVER LETTER

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

SUBJECT: THE DEPUTY - STUDENT PARTNERSHIP FOR EDUCATION 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: RE-MMAP INC
Name (Printed or typed)
4500 BELVEDERE ROAD, SUITE A-3
Address
WEST PALM BEACH, FL 33415
City, State & Zip
561-623-0241
Daytime Telephone number
INFO@RE-MMAP.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: THE DEPUTY - STUDENT PARTNERSHIP FOR EDUCATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4500 BELVEDERE ROAD, SUITE A-3

Mailing address, if different is:
4500 BELVEDERE ROAD, SUITE A-3

WEST PALM BEACH, FL 33415

WEST PALM BEACH, FL 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NON - PROFIT ORGANIZATION FOR YOUTH COMMUNITY INVOLVEMENT.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AT WILL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frantz Felisma, PD
Address: 4500 Belvedere Road, Suite A-3
West Palm Beach, FL 33415

Name and Title: _____
Address: _____

Name and Title: Adam Avey, VPD
Address: 4500 Belvedere Road, Suite A-3
West Palm Beach, FL 33415

Name and Title: _____
Address: _____

Name and Title: Terria Sanford, TD
Address: 4500 Belvedere Road, Suite A-3
West Palm Beach, FL 33415

Name and Title: _____
Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: RE-MMAP INC

Address: 4500 Belvedere Road, Suite A-3

West Palm Beach, FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SYLVIA ROSALES

Address: 4500 Belvedere Road, Suite A-3

West Palm Beach, FL 33415

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TALLAHASSEE, FLORIDA

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

Robert McIntosh

CFO

3/20/13

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.

Sylvia Rosales

Required Signature of Incorporator

3/20/13

Date