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FLORIDA PROFIT/NON PROFIT CORPORATION DESAS SCHOLASTIC FOUNDATION INC.

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FILEB 5/5 SECRETARY OF STATE DIVISION OF CORPORATIONS

#2998 P.002/003

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

13 NOV 25 AM 11: 55

The name of the	he corporation shall be: Desas Scho	lastic Foundation Inc.				
ARTICLE II	PRINCIPAL OFFICE					
860	Principal street address: 00 N Sherman Circle #201	Mailing address, if different is:				
Mi	ramar, FL 33025	. "				
	for which the corporation is organized is: 10	provide school supplies and scholarships and schools with at least 80% of their stude				
from lov	v income households.					
•						
· · · · · ·						
						
APPROVED TO	V MANAGED OF PLECTION To	nanner in which the directors are elected and appointed: Directors	are			
elected ba	ased on application and interview	V.				
ARTICLE						
Name and Titi	_{le:} Denise Duffus	Name and Title: Director				
Address	8600 N Sherman Circle	Address:				
,	#201					
ŕ	Miramar, FL 33025					
Name and Tit	ie:	Name and Title:				
Address	_	Address:				
·						
		,				
Name and Tit	le:	Name and Title:				
Address		Addr ess :				

H1300025985Z

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Name and Title:		Name and Title:	13 NOV 25	AM 11: 55
Address		Address:		
· <u>-</u>				
-, ——		-		
Name and Title:	-	Name and Title:		
Address	·			
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		· · · · · · · · · · · · · · · · · · ·		
		·		
ARTICLE VI The name and Flo	REGISTERED AGENT rida street address (P.O. Box NOT acco	prable) of the registered agent is:		
Name:	Denise Duffus	·		
Address:	8600 N Sherman Circle	#201		
	Miramar, FL 33025	******		
ARTICLE VII	INCORPORATOR			
The name and add	iress of the incorporator is:			
Name:	Denis Duffus			
Address:	8600 N Sherman Circle	#201		
	Miramar, FL 33025	· · · · · · · · · · · · · · · · · · ·		
Having been nom	ed as registered agend-to accept service	of process for the above stated corpora	tion at the place t	lesignated in this
cartificate, I am fo	miliar with and accept the appointment i	is registered agent and agree to act in th	ls capacity	
	Required Signature of Registered		11-22.	13
	Required Signature of Registered	I Agent	Date	
I submit this docu to the Department	ment and affirm that the facts stated her of State constitutes a faird degree felony	ein are true. I am aware that any fulse to as provided for in s.817.155, F.S.	eformation submitt	ed in a document
•			11-2	2.13
	Required Signature of Inco	rporator	Date	***************************************