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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

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

SUBJECT: <u>Profess</u>	oral Responsibility (PROPOSED CORPORATI	ad Entreprenie NAME - MUST INCLU	eurship Prog DE SUFFEX A	iran dolesa					
Professional Responsibility and Entrepreneurship Program for Adolescer									
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: Virginia Bouret Name (Printed or typed)									
6020 Dog wood Drive									

Virginia Bouret a) Gmail.com
E-mail address: (to be used for future annual report notification)

Orlando Florida 3280)
City, State & Zip

(407) 501-1135

Daytime Telephone number

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 The name of the	ne corporation shall be: Professional Responsibility and	Enhancenauship Program for Adolescen
ARTICLE II		
	Principal street address:	Mailing address, if different is:
<u>602</u>	20 Dogwood Deive	
Dr	Londo F1 32807	· · · · · · · · · · · · · · · · · · ·
ARTICLE III The purpose for	or which the corporation is organized is: To provide	preparatory services
for	Latino Students in their	completion of
	ah School Diplomas.	*
	•	₩•
		Constant Con
		77 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DEVERY S	two years O on the first many of the first many	onth of the year.
Name and Title	le: Vrginia Bouret, President Name and Title:	Stephanie Nunez, Secretary
Address	6020 Dog 20000 Drive Address:	5020 Dogwood Drive
	Orlando Fl 32807	Orlando FI 32807
Name and Title	e: Jose I Bosque, President of Operations Name and Title:	Carmen Rivera, treasurer
Address		6020 Dogwood Drive
	Orlando F1 32822	Orlando F1 32807
Name and Title	e: Angela Brito, Via President Name and Title:	Rolardo Polarco, Vocal
Address	6020 Dogwood Drive Address:	6020 Dogwood Drive
		Irlando FI 3280)

4 4 4 4 4		- A		
Name and Tit	10: Jacqueline Contento Vox	رها Name and Title:		
Address	3897 Atrium Drive	Address:	······································	
	Orlado Fl 32807			
1 1 m)				
Name and Tit	e:			
Address		_ Address:		
				
	 			
				
ARTICLE V	Florida street address (P.O. Box NOT acce	untable) of the registered agent is:		14, D
			2F	
Name:	Virginia Bouret 6020 Dogwood &		is A SA SA	- France
Address:	6020 Dogwood &	nive_	inia. Ta	
	Orlando Fl 32	807	FLORIDA	22 ()
				<u> </u>
The name and	I INCORPORATOR address of the Incorporator is:			
Name:	Jose I. Bosque			
Address:	389) Atrium D			
	Orlando FI 328	522		
Having been	named as registered agent to accept service	of process for the above stated corpo	ration at the place of	lesignated in this
cernjicuie, 1 a	n familiar with and accept the appointment	is regisiereu ugeni una agree w aci in		
	A James Bouret	1.4	12/1/20	014
	Required Signature of Registered		Date	·
i submit this a to the Departn	ocument and affirm that the facts stated her nent of State constitutes afthird degree felony	ein are true. I am aware that any false as provided for in s.817.155, F.S.	information submitte	ed in a document
	X		12/12	O (U
	Required Signature of Incom	rporator	12 2 Date	<u> </u>