

N15000003886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

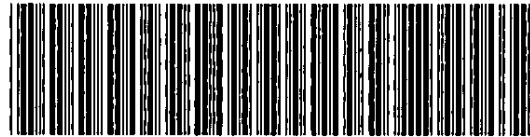
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W15-22784

Office Use Only



000270911490

000270911490  
03/30/15--01027--006 \*\*73.75

15 APR 16 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

1/1

## COVER LETTER

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

SUBJECT: **The Prodigy Cipher**

(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: **Joshua Simmons**

Name (Printed or typed)

**5543 Pentail Circle**

Address

**Tampa, FL, 33625**

City, State & Zip

**813-532-0110**

Daytime Telephone number

**bornprodigy15@gmail.com**

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2015

JOSHUA SIMMONS  
5543 PENTAIL CIRCLE  
TAMPA, FL 33625

SUBJECT: THE PRODIGY CIPHER  
Ref. Number: W15000022784

We have received your document for THE PRODIGY CIPHER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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: 215A00006530

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

**ARTICLE I NAME**

The name of the corporation shall be: The Prodigy Cipher Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:  
5543 Pentail Ciicle  
Tampa, FL. 33625

Mailing address, if different:

APPROVED  
AND  
FILED  
15 APR 16 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Prodigy Cipher will include outreach programs and in-house programs for runaway teenagers, homeless and assist men and women in and out of prison as well as convicted felons. The furtherance of its purpose is to promote professional and quality training programs in a spirit of excellence, specializing in those in poverty or middle class, and provide a community relation coordinator to assist in the fulfillment but not limited to the implement of: training seminars, jobs, motivational speakers, parenting classes and educational programs. It will also consist program development, monitoring, fund raising, activities, referral, and mass communication. The organization will also consist of a program that is designed to unify and empower one another as individuals and as a whole. So we can work together to better our community.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

The qualifications of the directors

shall be established in the bylaws. The board shall be the only voting members and conduct all business except as specifically delegated

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joshua Simmons/ Officer

Address: 5543 Pentail Circle  
Tampa, FL. 33625

Name and Title: Amanda Bonacasa/ Officer

Address: 14705 Egret Place  
Tampa, FL. 33625

Name and Title: Valdete Gashi/ Director

Address: 3807 Landings Way Dr.  
Tampa, FL, 33625, Apt 301

Name and Title: [REDACTED]

Address: [REDACTED]

Name and Title: Prince Savage/Director

Address: 5551 Pentail Circle  
Tampa, FL. 33625

Name and Title: Bernard Simmons/ Director

Address: 7146 Waterside Drive  
Tampa, FL. 33617

Name and Title: Desiree Crespo/ Director

Address 9706 Sendury Court  
Tampa, FL. 33615

Name and Title: Hattie Crespo/ Director

Address: 5543 Pentail Circle  
Tampa, FL. 33625

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Russel Simmons  
Address: 3704 Greenford Street  
Valrico, FL. 33594

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joshua Simmons  
Address: 5543 Pentail Circle  
Tampa, FL. 33625

APPROVED  
AND  
FILED  
15 APR 16 PM 1:31  
SECRETARY OF STATE  
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*

Russell B. Simmons

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.*

Joshua Simmons

Required Signature of Incorporator

\_\_\_\_\_  
Date