## NSCOCOSSSS

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## **COVER LETTER**

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

Student Services Society, Inc.

BJECT:	(PROPOSED CORP	ORATE NAME – MUST IN	CLUDE SUFFIX)
			_
ologod is on swisingly	d o (1) o of the A		a abaal: fan .
iciosed is an original a	ind one (1) copy of the Ar	ticles of Incorporation and	a cneck for:
\$70.00	\$78.75	□\$78.75	\$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
_	Certificate of	& Certified Copy	Certified Copy
	Status		& Certificate
		ADDITIONAL COPY REQUIRE	
	Donald L. Cleveland		
FROM:	Donaid D. Cicveland		

1300 N. Federal Hwy, Ste 110

Boca Raton, Fl. 33432

donc@mprfintra.com

561-338-7488

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

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

Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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

	NAME . Student Services Socie	ty, Inc.			_
ARTICLE II	PRINCIPAL OFFICE				
1300 1	Principal street address: N. Federal Hwy, Ste. 110		Mailing address, if different is:		
Boca I	Raton				
Florida	a 33432	·			
ARTICLE III The purpose for seeking higher	PURPOSE which the corporation is organized is:to producation who need assistance with current s	ovide aid and ass	sistance to post elementary-middle school roblems or those who have unresolved pro	individu oblems	uals
stemming from	their higher education experience through co	onsultation, econ	nomic assistance, aid and assistance in leg	al	
affairs.					
	The state of the s		<del></del>		
ARTICLE IV  ARTICLE V	MANNER OF ELECTION The manner  INITIAL OFFICERS AND/OR DIRECTO			- 15 JUN	and County of the County of th
Name and Title:		Name and Title:	14 m	=	-
Address	10400 NW 36th St.	Address:	11606 Creekside Drive	PH	
	Coral Springs, FL 33065		Boynton Beach, FL 33437	3: 47	
Name and Title:	Schimeon Frederick, Vice Chairperson/Dir	Name and Title	Somya Munjal, Director		
Address	152 NW 16th Street	Address:	70 Orchard Street, #4		
	Boca Raton, FL 33432	- 110014551	New York, NY 10002		
Name and Title	Rick Strul, Secretary/Director	Name and Title	Alexandra Casuso, Director		
	P.O. Box 771764		1060 Fairfax Lane		
Address	Coral Springs, FL 33077	Address:	Weston, FL 33326		

Name and Title	1	Name and Title:	
Address		Address:	
Name and Title	•	Name and Title:	
Address		Address:	
		<del></del>	
ARTICLE VI	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accep	ntable) of the registered agent is:	
Name:	Donald L. Cleveland	————	
Address:	11606 Creekside Drive		****
	Boynton Beach, FL 3343		Sandara Para
ARTICLE VII The name and	INCORPORATOR address of the Incorporator is:	H 3: 5	i ora
Name:	Donald L. Cleveland		
Address:	11606 Creekside Drive		
	Boynton Beach, FL 3343	37	
Effective date,		(OPTIONAL) d cannot be more than five business days prior or 90 busine	ess days
	te inserted in this block does not meet the appetive date on the Department of State's record	plicable statutory filing requirements, this date will not be liste ords.	d as the
		of process for the above stated corporation at the place desig s registered agent and agree to act in this capacity	nated in this
Required Signature of Registered Agent  June 2		June 2, 2015	
	Required Signature of Registered	Agent Date	
	ocument and affirm that the facts stated herei ent of State constitutes a third degree felony a	in are true. I am aware that any false information submitted in as provided for in s.817.155, F.S.	a document
	Donald R. Olicela Required Signature of Incorr	June 2, 2015	
	Required Signature of Incorr	porator Date	

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