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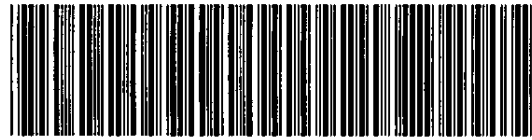
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WLSW 60567

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T. SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2015

DR CHAN COBANOLU
12419 ASTER AVE
BRADENTON, FL 34212

SUBJECT: FLORIDA ASSOCIATION OF HIGHER EDUCATION
Ref. Number: W15000060567

RECEIVED SEP 28 2015

We have received your document for FLORIDA ASSOCIATION OF HIGHER EDUCATION and your check(s) totaling \$87.50. 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.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 215A00019420

COVER LETTER

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

SUBJECT: FLORIDA ASSOCIATION OF HIGHER 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: CIHAN COBANOGLU

Name (Printed or typed)

12419 ASTER AVE

Address

BRADENTON, FL 34212

City, State & Zip

302-897-1909

Daytime Telephone number

FAHE@FAHE.US

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: FLORIDA ASSOCIATION OF HIGHER EDUCATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
12419 ASTER AVE

BRADENTON, FL 34212

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SUPPORT AND ENCOURAGE PARTNERSHIPS AMONG FLORIDA AND WORLD UNIVERSITIES, COLLEGES, AND OTHER EDUCATIONAL INSTITUTIONS

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS STATED IN BYI

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. CIHAN COBANOGLU, PRESIDENT

Address: 12419 ASTER AVE
BRADENTON, FL 34212

Name and Title: _____

Address: _____

Name and Title: DR SERDAR ONGAN, VICE PRESIDENT

Address: 8350 N TAMiami TRAIL
SARASOTA, FL 34243

Name and Title: _____

Address: _____

Name and Title: DR EKATERINA BEREZINA, SECRETARY

Address: 6050 34TH ST WEST # 704
BRADENTON, FL 34210

Name and Title: _____

Address: _____

15 SEP 28 AM 8:36

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: DR. CIHAN COBANOGLU
Address: 12419 ASTER AVE
BRADENTON, FL 34212

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DR. CIHAN COBANOGLU
Address: 12419 ASTER AVE
BRADENTON, FL 34212

ARTICLE VIII EFFECTIVE DATE: 9/15/2015

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature of Registered Agent

9/25/2015

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.



Required Signature of Incorporator

9/25/2015

Date