

N15000010312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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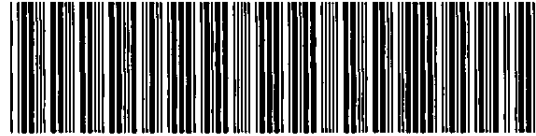
(Business Entity Name)

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COVER LETTER

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

SUBJECT: Retired Educators Supervisors Teachers Network
(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: Marvin Johnson
Name (Printed or typed)

2509 Garnett Lane
Address

Tallahassee, FL 32309
City, State & Zip

(904) 850 566-1280
Daytime Telephone number

rest@comcast.net
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:

(Retired Educators Supervisors Teachers) INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2509 Garnett Lane

Tallahassee

FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The REST Network, is an issue driven organization representing the interests of educational community for the assistance in transforming children through educational outreach, agricultural assistance and computer support.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The Owner appoints the DIRECTOR'S

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Rodney Landers

Name and Title:

Vice President

Address:

674 4th Ave

Address:

Tallahassee, FL

32304

Name and Title:

Diann Jones

Name and Title:

Financial Secretary

Address:

3210 Jersey Court

Address:

3210 Jersey Court

Ft. Pierce, FL

34947

Name and Title:

Alvando Freeman

Name and Title:

Recording Secretary

Address:

10558 Valentine Rd

Address:

Tallahassee, FL

32317

Name and Title: William Smith Name and Title: Parliamentarian

Address: 4950 Avenida Ave Address: _____
Ft. Pierce FL _____
34946-1032 _____

Name and Title: Peggy Johnson Name and Title: TREASURER

Address: 2509 Garnett Lane Address: _____
Tallahassee, FL _____
32309 _____

ARTICLE VI REGISTERED AGENT

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

Name: Marvin Johnson
Address: 2509 Garnett Lane
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marvin Johnson
Address: 2509 Garnett Lane
Tallahassee, FL 32309

ARTICLE VIII EFFECTIVE DATE:

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

[Signature]
Required Signature of Registered Agent

10/22/2015
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.

[Signature]
Required Signature of Incorporator

OCT. 22, 2015
Date

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