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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2016

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EDUCATORS FOR EQUITY P.O. BOX 872 DOVER, FL 33527

SUBJECT: EDUCATORS FOR EQUITY, INCORPORATED

Ref. Number: W16000063847

We have received your document for EDUCATORS FOR EQUITY, INCORPORATED 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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: 816A00019709

16 OCT 13 MH 10: 42

COVER LETTER

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

SUBJECT:		Equity Incorate NAME - MUST IN	orporated
Enclosed is an original	and one (1) copy of the Ar	ticles 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: Winona Pere Z

Name (Printed or typed)

803 Amethyst Way

Address

Valrico, FL 33594

City, State & Zip

1813) 789-0584

Daytime Telephone number

educators for eavity o Jahoo. com
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 The name of the	ne corporation shall be: Educato	rator	Equity, Incorpor	ated
ARTICLE II	PRINCIPAL OFFICE			
a.	Principal street address:		Mailing address, if different is:	
12	3 Amethyst Way		P.O. Box 872	
$\overline{\lambda}$	alrico, FL		Dover, FL	
	33594		335.2	7
	PURPOSE or which the corporation is organized is:			
	mpowering youth	to tak	e charge of their	lives
	rate their own su			
est equit			the playing field	
	ing resources and			
_	lies and children		· · · · · · · · · · · · · · · · · · ·	
socie			'	·
ARTICLE IV	MANNER OF ELECTION The manner	in which the dir	The Directors are elected and appointed: Comp	crised of
	members. Election for			s
	mined by an unay		us vote.	
7IRTICEE V	P PD	7111		VP,D
Name and Tit	10: Winona Perez, tourder	Name and Titl	<u> Leahtalmeino, co ta</u>	moter
Address	803 Amethyst Way	Address:	4103 N. 10th St.	
	Valrico, FL 33594	_	Tampa, FL 33603	
				DJT
Name and Tit	e: hristine thoward, 5) L	Name and Titl	Danielle Harrison,	Amer
Address	501 Knights Run Ave.	Address:	5012 Lazy Birch Loop	Correct Contract
	Apt 2223		Apt. 30 b	
-	Tampa, FL 33602		Lakeland, FL 338DF	5 📻 🖖
Name and Tit	dc:	Name and Titl	e:	000
Address		Address:		
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	<u> </u>	Name and Title:		
Address		_ Address:		
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Name and Title:		Name and Title:		
Address		_ Address:		
		<u>.</u>		
		<u> </u>		
	REGISTERED AGENT			
The name and Flo	orida street address (P.O. Box NOT acce	ptable) of the regis	tered agent is:	
Name:	Winora Perez	 		
Address:	803 Amethyst Wo	Y		
	Valrico, FL 3350	94		
	INCORPORATOR dress of the Incorporator is:			
Name:	Leah Palmeiro			
Address:	4103 N. 10th St.			
	Tampa, FL 3360	<u> </u>		
	EFFECTIVE DATE:		(OPTIONAL)	
	other than the date of filing: ate is listed, the date must be specific ar	nd cannot be mor	(OPTIONAL) e than five business days pri	or or 90 business days
	inserted in this block does not meet the ap		filing requirements, this date	will not be listed as the
Having been nan	ned as registered agent to accept service	of process for the	above stated corporation at	the place designated in this
	miliar with and accept the appointment a			
<u></u>	Pay			<u></u>
	Required Signature of Registered	i Agent		Date
	ment and affirm that the facts stated here t of State constitutes a third degree felony			on submitted in a document
	alund	<u>ر</u>		Data
	Required Signature of Incom	TOUTSTOT		Date