

N16000010361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

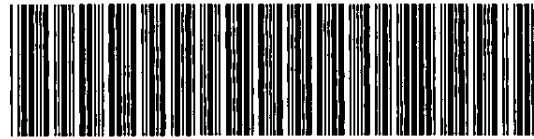
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2016 OCT 21 PM 2:15

10/21/16 10:00 AM

10/25/16

## COVER LETTER

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

SUBJECT: ALLIANCE FOR POSITIVE POLICING, 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: ANGELA LOVE Blumenfeld  
Name (Printed or typed)

800 VILLAGE SQUARE CROSSING  
Address

PALM BEACH GARDENS, FL 33410  
City, State & Zip

561-346-2494 OR 561  
Daytime Telephone number

ANGELA@ALLFPP.ORG  
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:

ALLIANCE for POSITIVE POLICING, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

800 Village Square Crossing

PALM BEACH GARDENS, FL

33410

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide innovative educational programs that sustain wellness, resilience, personal safety and positive community relations for the police and the communities they serve.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

AS PROVIDED FOR IN THE BYLAWS

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANGELA LOVE BLUMENFELD Name and Title:

Pres + Secretary

Address 800 Village Square Crossing Address:

PALM BEACH GARDENS, FL

33410

Name and Title: DAVID HALLIS Name and Title:

Address 2600 OAK DRIVE Address:

PALM BEACH GARDENS, FL

33410

Name and Title: BETH FRATES MD Name and Title:

Address 471 GROVE STREET Address:

NEEDHAM, MA 02492

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SECRETARY

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: ANGELA LOVE BLUMENFELD  
 Address: 800 VILLAGE SQUARE CROSSING  
PALM BEACH GARDENS, FL 33410

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANGELA LOVE BLUMENFELD  
 Address: 800 VILLAGE SQUARE CROSSING  
PALM BEACH GARDENS, FL 33410

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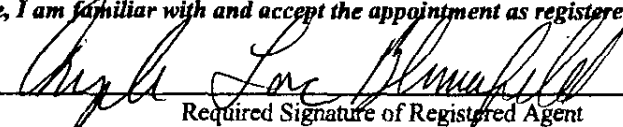
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/1/16 (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

10/14/16  
 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

10/14/16  
 Date