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SECRETARY OF STATE
TALLAHASSEE FLORIDA

un. 10/25/16

COVER LETTER

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

SUBJECT: Evidence Based 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: Luis M. Rodriguez

Name (Printed or typed)

2803 W. Estrella St. Unit 1

Address

Tampa, FL 33629-6150

City, State & Zip

914-979-4269

Daytime Telephone number

evidencebasededucation@yahoo.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 NAME
The name of the corporation shall be: Evidence Based Education, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2803 W. Estrella St.

Unit 1

Tampa, FL 33629

Mailing address, if different is: SECRETARY OF STATE
P.O. Box 320035
TALLAHASSEE FLORIDA

Tampa, FL 33679

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote and develop everyday life with human dignity for progress by
educating, in the distinct disciplines of social and scientific knowledge utilizing evidence based best-practices, citizens and students
so that they may contribute to a better world within their community. Areas of interests: 1) Civic education to empower citizens to
contribute to better government (Non-partisan Teaching to compare and decide: The Essential Rights & Powers at Play in the Destiny
of Puerto Rico; 2) Implementing evidence-based concepts in nurse education that addresses reasons for the nursing shortage
through a hybrid evolutionary nursing school model studied: UHC/AACN Nursing Residency Program: Racial Disparities in
Retention; The Evolutionary Hybrid Bilingual Nursing School of the 21st Century.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By-Laws are Guide.

Initially Appointed to 1 year; Re-elected by Board; Additional members appointed for 2nd year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Luis M Rodriguez, MD, DrPH, RN</u>	Name and Title:	<u>Rosa M. Rodriguez</u>
Address	<u>President, CEO</u>	Address:	<u>Secretary-Treasurer</u>
	<u>2803 W. Estrella St., Unit 1</u>		<u>2803 W. Estrella St., Unit 1</u>
	<u>Tampa, FL 33629</u>		<u>Tampa, FL 33629</u>
Name and Title:	<u>Harold Colon, RN</u>	Name and Title:	<u>Angel Ayala, MD</u>
Address	<u>Director</u>	Address:	<u>Director</u>
	<u>Urb. Los Reyes Calle Belen #78</u>		<u>Urb. villa Real N-7</u>
	<u>Juana Diaz, PR 00795</u>		<u>Guayama, P.R. 00784</u>
Name and Title:	<u>Felix Silvestrini</u>	Name and Title:	<u>Hilda Gonzalez</u>
Address	<u>Director</u>	Address:	<u>Director</u>
	<u>Urb. Praderas calle 1 casa A-8</u>		<u>P.O. Box 2818</u>
	<u>Guayama, P.R. 00784</u>		<u>Guayama, PR 00785</u>

Name and Title: Nolymarie Rodriguez Name and Title: _____

Address: Director Address: _____

Patio Sevillano, 475 Carr 8860 Apt 2290

Trujillo Alto, PR 00976

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: Luis M. Rodriguez

Address: 2803 W. Estrella St., Unit 1

Tampa, FL 33629

ARTICLE VII INCORPORATOR

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

Name: Luis M. Rodriguez

Address: 2803 W. Estrella St. Unit 1

Tampa, FL 33629

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 8th, 2016 (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

Luis M Rodriguez

Required Signature of Registered Agent

October 18th, 2016

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.

Luis M Rodriguez

Required Signature of Incorporator

October 18th, 2016

Date

16 OCT 21 PM 1:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA