

N16000010787

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2016 NOV -2 AM 9:30
TOLAHASSEE, ALA.

COVER LETTER

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

SUBJECT: BROWARD ASSOCIATION OF SPECIAL EDUCATORS
(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: ALAN J. PAOLI, ESQUIRE
Name (Printed or typed)

1720 Harrison Street, Suite 6CW
Address

Hollywood, FL 33020
City, State & Zip

(954) 925-9828

Daytime Telephone number

ALAN@PAOLILAWFL.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: BROWARD ASSOCIATION OF SPECIAL EDUCATORS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2824 NW 42nd Avenue

Coconut Creek, FL 33066

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide support and assistance to educational professionals who
teach children with special needs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected annually

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Yurkin, President & Director

Address: 2824 NW 42nd Avenue
Coconut Creek, FL 33066

Name and Title: Alyson Dudich, VP/Director

Address: 10606 NW 81st Street
Tamarac, FL 33321

Name and Title: Danete W. Slipkovich, Secretary/Director

Address: 2801 NW 68th Lane
Margate, FL 33060

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2016 NOV -2 AM 9:30

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: Alan J. Paoli, Esquire
Address: 1720 Harrison Street, Suite 6CW
Hollywood, FL 33020

2016 NOV -2 AM 9:30
CLERK OF COURT
JANICE L. HARRIS

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Yurkin
Address: 2824 NW 42nd Avenue
Coconut Creek, FL 33066

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

Required Signature of Registered Agent

Date

10/27/2016

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

Date

10/27/16