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COVER LETTER

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

SUBJECT:	DRUG ED	UCATORS ALLIANCE INC				
SOBOLCI,		(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is a	n original	and one (1) copy of the Art	icles of Incorporation and	a check for:		
□ \$7 Filing		☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certified Copy & Certificate		
			ADDITIONAL COPY REQUIRED			
	PDOM.	STEPHEN HENSON, CPA				

City, State & Zip

(626) 403-4410

Daytime Telephone number

Hensoncpa@gmail.com

E-mail address: (to be used for future annual report notification)

2045 Huntington Drive, Ste B

NOTE: Please provide the original and one copy of the articles.

Name (Printed or typed)

Address

2019 DEC 23 AM 7: 15 SECRETARY OF STATE

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE II</u>	PRINCIPAL OFFICE		
	Principal street address:	Mailing addres	s, if different is:
611 S	FORT HARRISON #329	SAME	
CLEA	ARWATER, FL 33756		
ARTICLE III The purpose fo	PURPOSE r which the corporation is organized in	To train educators how to save future ge	neration from drugs.
		<u>. </u>	
ARTICILE IV	MANNER OF ELECTION The	manner in which the directors are elected and a	ppointed: Appointed
ARTICI <u>.E IV</u>	MANNER OF ELECTION The	manner in which the directors are elected and a	ppointed: Appointed
	MANNER OF ELECTION The INITIAL OFFICERS AND/OR DI		ppointed: Appointed
ARTICLE V	INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>	
ARTICLE V Name and Title		**************************************	
ARTICLE V	INITIAL OFFICERS AND/OR DI Darren Tessitore, President	RECTORS Name and Title:	
ARTICLE V Name and Title Address	Darren Tessitore, President 611 S Fort Harrison, #329 Clearwater, FL 33756	### RECTORS Name and Title: Address:	
ARTICLE V Name and Title	initial officers and/or die: Darren Tessitore, President 611 S Fort Harrison, #329 Clearwater, FL 33756 Alf Garbutt, Secretary	**************************************	
ARTICLE V Name and Title Address Name and Title	initial officers and/or die: Darren Tessitore, President 611 S Fort Harrison, #329 Clearwater, FL 33756 e: Alf Garbutt, Secretary 611 S Fort Harrison, #329	### RECTORS Name and Title: Address:	2019
ARTICLE V Name and Title Address	initial officers and/or die: Darren Tessitore, President 611 S Fort Harrison, #329 Clearwater, FL 33756 Alf Garbutt, Secretary	RECTORS Name and Title: Address: Name and Title:	2019 DEC 23 SECKLIARY TALLAHA
ARTICLE V Name and Title Address Name and Title Address	Darren Tessitore, President 611 S Fort Harrison, #329 Clearwater, FL 33756 Alf Garbutt, Secretary 611 S Fort Harrison, #329 Clearwater, FL 33756	RECTORS Name and Title: Address: Name and Title: Address:	2019 DEC 23 SECKLIARY TALLAHA
ARTICLE V Name and Title Address Name and Title	Darren Tessitore, President 611 S Fort Harrison, #329 Clearwater, FL 33756 Alf Garbutt, Secretary 611 S Fort Harrison, #329 Clearwater, FL 33756	RECTORS Name and Title: Address: Name and Title:	2019 DEC 23 AND SECRETARY OF TALLAHASS

Name and Title:_		Name and Title:		
Address		Address:		
_				
Name and Title:_		Name and Title:		
Address _		Address:		
_				
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT	acceptable) of the registered agent is:		
Name:	Darren Tessitore			
Address:	611 S Fort Harrison #329			~>
	Clearwater, FL 33756		SECR TAL	2019 DEC
	INCORPORATOR Idress of the Incorporator is:		ETARY OF LAHASSE	23
Name:	Darren Tessitore		SE OF	3
Address:	611 S Fort Harrison #329		E, FL	; ; ;
	Clearwater, FL 33756		ш	СЛ
Effective date, if	EFFECTIVE DATE: other than the date of filing:	. (OPTION	AL) es prior or 90 days after th	ne filing.)
Note: If the date		the applicable statutory filing requirem		
Having been nar certificate, I am f	ned as registered agent to accept so amiliar with and accept the appointn	ervice of process for the above stated c ment as registered agent and agree to ac	t in this capacity	,
	Required Signature of Regi	stored A gent	12/21/	119
I makanda di ta J			ise information submitted in	n a document :
the Department of	iment and affirm that the facts stated of <mark>State c</mark> onstitutes a third degree felo	l herein are true. I am aware that any fa ony as provided for in s.817.155, F.S.		
	1 ()		12/21	110

Required Signature of Incorporator