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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
McNair Association of Professionals Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: McNair Association of Professionals Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7901 4th St N STE 300

St. Petersburg, FL 33702

Mailing address, if different is:

7901 4th St N STE 300

St. Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The McNair Association of Professionals (MAP) is the representative body for TRIO professionals from colleges, universities, and agencies that host the Ronald E. McNair Postbaccalaureate Achievement Program. MAP is dedicated to fostering and promoting high standards of professional practices and advocating for McNair Scholars Programs at the national level by creating opportunities for educational personnel and participants (students and alumni) with professional development and support. The mission is accomplished through cultivating a vibrant professional community by collaborating and offering professional development to advance the objectives of the federal TRIO McNair Scholars Program of undergraduate research and doctoral attainment for first-generation, low-income, and underrepresented students in higher education.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Crider, Director

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title: _____

Address: _____

Name and Title: Kim Rosfeld, Director

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title: _____

Address: _____

Name and Title: Alice Ho, Director

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title: _____

Address: _____

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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: Northwest Registered Agent LLC

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

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

Name: Morgan Noble

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

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 days prior or 90 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

9/7/21

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

9/7/21

Date