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## COVER LETTER

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

**SUBJECT: Bunn's Consulting Services Inc**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Janice Emanuel-Bunn, Ph.D.

Name (Printed or typed)

5583 Jody Av

Address

North Port, FL 34288

City, State & Zip

941-423-6863 or 347-715-3956

Daytime Telephone number

jjan56@optonline.net

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2010

JANICE EMANUEL-BUNN, PH.D.  
5583 JODY AVE.  
N. PORT, FL 34288

SUBJECT: BUNN'S CONSULTING SERVICES INC  
Ref. Number: W10000050298

We have received your document for BUNN'S CONSULTING SERVICES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section

Letter Number: 610A00025286

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be: Bunn's Consulting Services Inc

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
5583 Jody Avenue  
North Port Florida 34288

Mailing address, if different is

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide superior consulting services in academic advisement, grant and proposal writing, strategic planning, fund development, research and program evaluation, youth and family empowerment, leadership and management, curriculum development and assessment.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Janice Emanuel-Bunn, Ph.D. President Name and Title: \_\_\_\_\_  
Address: 5583 Jody Avenue, North Port Address: \_\_\_\_\_  
Florida 34288

Name and Title: Naomi Modeste, DrPH, Vice President Name and Title: \_\_\_\_\_  
Address: PO Box 1406 Address: \_\_\_\_\_  
Loma Linda, CA 92354

Name and Title: Vernel Decateau, Secretary/Treasurer Name and Title: \_\_\_\_\_  
Address: 1195 St. Marks Avenue Address: \_\_\_\_\_  
Brooklyn, NY 11213

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Frank Bunn  
Address: 5583 Jody Av  
North Port, FL 34288

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Janice Emanuel-Bunn, Ph.D  
Address: 5583 Jody Avenue, North Port  
Florida 34288

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

Frank Bunn  
Required Signature/Registered Agent

11.11.2010  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Janice Emanuel-Bunn  
Required Signature/Incorporator

10.20.2010  
Date