## P400067914

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

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

SUBJECT:	Education Po (PROPOSED CORPORATE	PLOY RESE	arch, Inc.		
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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: <u>SAmuel M. K. Alexander</u> , Tr. Name (Printed or typed)					
1203 Surf Club T, 104 Sur Friew Dr.					
Palm Cost Florida 32135 City, State & Zip					
(386) 446 - 4721 Daytime Telephone number					

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

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

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

The name of the co	NAME propration shall be:	Educ	Ation	Policy	Rosewsch, Inc
ARTICLE II	PRINCIPAL OFF	FICE		J	iling address, if different is:
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Address			Ado	iress:	

Name and Tible	,		(conti.)
name and Title:		Name and Title:	- <u>(05)</u>
Address		Address:	PH : 37
The name and Florida st	STERED AGENT reet address (P.O. Box NOT acceptable) of		
Name: Sam	vel M.K. Atexando	ar, Ir.	
Address: /20	23 Surficials I, 1 Coast, Floris	104 Surfvie	
	RPORATOR		
Name:	som vel M.K. Ale	xondar Is	,
Address: /	203 SurF Club I, Palm Coast, Flore	104 Surfr	ew, Dr.
Having been named as re this certificate, I am fami	egistered agent to accept service of process liar with and accept the appointment as regi	for the above stated corpor istered agent and agree to a	ration at the place designated in act in this capacity
Samuel	Required Signature/Registered Agent	<u> </u>	8/7/14 Date
I submit this document a document to the Departm	nd affirm that the facts stated herein are t ent of State constitutes a third degree-felony	rue. I am aware that the f as provided for in s.817.15	alse information submitted in a 55, F.S.
famuel (	Required Signature/Incorporator	<del></del>	8/7/14 Date