

PO0000063970

TRANSMITTAL LETTER

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

300003309253--4

-06/29/00--01082--002

*****70.00 *****70.00

SUBJECT: Mediation Training Group Incorporation
(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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Charlene Stampora
Name (Printed or typed)

21346 Saint Andrews Blvd. Suite #174
Address

Boca Raton, Florida 33433
City, State & Zip

561-558-9560
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN 29 PM 3:46

FILED

gk 6/30

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:

Mediation Training Group Incorporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

21346 Saint Andrews BLVD, Boca Raton, Florida 33433
Suite # 174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Presentation of a business, for which an incorporation for profit allows beneficial aspects as well as professional aspects to the corporation.

ARTICLE IV SHARES

The number of shares of stock is:

[500]

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Charlene Stampora
21346 Saint Andrews Blvd.
Suite # 174 Boca Raton, Florida 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carole Sciallo
21346 Saint Andrews Blvd.
Suite # 174 Boca Raton, Florida 33433

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

Signature/Registered Agent

Date

6/28/00

Signature/Incorporator

Date

6/28/00

FILED
00 JUN 29 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA