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05/18

# TRANSMITTAL LETTER

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

SUBJECT: Health Education Training School, Inc.  
(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

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**Additional Copy Required**

FROM: HEALTH EDUCATION TRAINING SCHOOL, INC.  
Name (printed or typed)

7921 NE 2<sup>nd</sup> Ave  
Address

MIAMI FL 33138  
City, State & Zip

(954) 873-9955  
Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

HEALTH EDUCATION TRAINING SCHOOL, INC.

The undersigned subscriber(s) to these Articles of Incorporation, competent to contract, hereby form(s) a corporation under the laws of the State of Florida.

**ARTICLE I: NAME**

The name of the corporation shall be:

HEALTH EDUCATION TRAINING SCHOOL, INC.

The principal place of business of this corporation shall be:

7921 NE 2<sup>nd</sup> Ave MIAMI FL 33138  
Phone (305) 751 4488 or (954) 873 9955

**ARTICLE II: NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United states, the State of Florida, or any other state, county, territory or nation.

*Educational activities in the Haitian Community*

**ARTICLE III: CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time of 1,000 shares of common stock having a par value of \$100 per share.

*1000 Shares*

**ARTICLE IV: REGISTERED AGENT AND OFFICE**

The street address of the initial registered office of the corporation shall be:

7921 NE 2<sup>nd</sup> Ave MIAMI FL 33138

and the name of the initial registered agent of the corporation at that address is:

*Dr. OSNI EUGENE*

**ARTICLE V: TERM OF EXISTENCE**

This corporation is to exist perpetually.

PERPETUALLY


**ARTICLE VI: OFFICERS AND DIRECTORS**

This corporation shall have officers and director(s), initially. The name(s) and street address(es) of the initial officer(s) and director(s) who shall hold office for the first year of the corporation, or until their successor is elected, are:

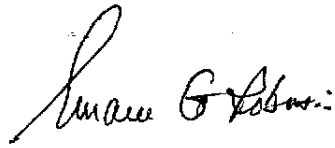
- Dr OSNI EUGENE
- Dr ERMANE ROBIN
- Dr MARC ANTOINE JOSEPH
- M<sup>rs</sup> MARIE DOLE

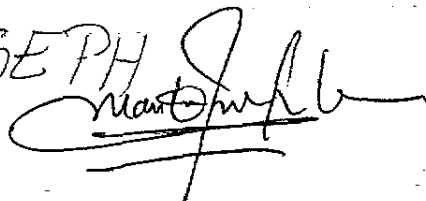
**ARTICLE VII: SUBSCRIBER(S)**

The name(s) and street address(es) of the subscriber(s) to these Articles of Incorporation are:

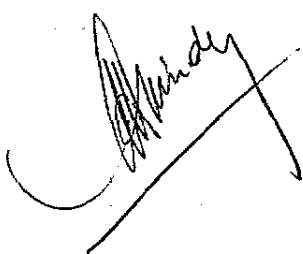
1) Dr OSNI EUGENE   
8520 SHERATON DR MIRAMAR FL 33025

2) Dr Ermame ROBIN  
320 NW 185 Ter  
Miami, FL 33169



3) Dr MARC ANTOINE JOSEPH 

4) M<sup>rs</sup> MARIE DOLE  
8024 SW 21<sup>st</sup> Court  
Miami FL 33025



IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these Articles of Incorporation this \_\_\_\_\_, 2002.

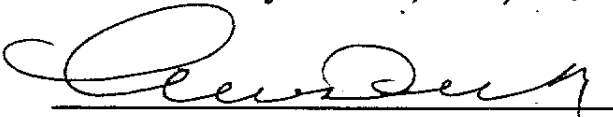
  
\_\_\_\_\_  
Incorporator(s)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_


Before me, a notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared,

known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (she) acknowledged before me that he (she) (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and County aforesaid, this 15th Day of May, 2002.

  
\_\_\_\_\_  
Notary Public

My Commission expires:

 Emmanuel Dubois  
My Commission DD146564  
Expires September 26, 2006

(SEAL)

I hereby accept designation of Registered Agent.

  
\_\_\_\_\_  
Registered Agent

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03 MAY 19 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA