P13000009989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED ARTICLE #IV (SHARES) TO READ "100" PER TELEPHONE CONVERSATION WITH ANTHONY K. WARD SR.

01/31/13

Office Use Only

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01/25/13--01038--015 **122.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-5446

01/31/13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2013

ANTHONY K. WARD SR.
3798 ROLLINGSFORD CIRCLE
LAKELAND, FL 33810

SUBJECT: MEDICAL INSTITUTE OF TECHNOLOGY INC.
Ref. Number: W13000005446

We have received your document for MEDICAL INSTITUTE OF TECHNOLOGY INC. and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first two pages of the "Certificate of Conversion" were not included; enclosed you will find a blank copy. Please complete and copy and send back with your corrected Profit Articles.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 313A00002089

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MEDICAL INSTITUTE OF TECHNOLOGY
Name of Resulting Florida Profit Corporation

The enclosed ~~Certificate of Conversion~~, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S. (JUST)

Please return all correspondence concerning this matter to:

ANTHONY K WARD Sr.
Contact Person

MEDICAL INSTITUTE OF TECHNOLOGY
Firm/Company

3798 ROLLINGSFORD CIRCLE
Address

LAKELAND FLORIDA 33810
City, State and Zip Code

Ward_Anthony@Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY K WARD Sr. at (863) 529-3990
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $105.00 Filing Fees
- ☐ $113.75 Filing Fees and Certificate of Status
- ☐ $113.75 Filing Fees and Certified Copy
- ☑ $122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Charter Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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: MEDICAL INSTITUTE OF TECHNOLOGY INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address	Mailing address, if different is:
3798 ROLLINGSFORD CIRCLE	P.O BOX 91914
LAKELAND FL. 33810	LAKELAND, FL. 33804

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

TO PROVIDE A LEARNING ENVIROMENT THAT EMPOWERS STUDENTS TO REACH THEIR EDUCATIONAL AND PERSONAL POTENTIAL.

ARTICLE IV SHARES
The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ANTHONY K WARD, DIRECTOR	Name and Title:	
Address:	3798 ROLLINGSFORD CIRCLE LAKELAND FL. 33810	Address:	
Name and Title:	ANA MARIE WARD, DIRECTOR	Name and Title:	
Address:	3798 ROLLINGSFORD CIRCLE LAKELAND FL. 33810	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: ANTHONY K WARD

Address: 3798 ROLLINGSFORD CIRCLE
LAKELAND FL. 33810

ARTICLE VII INCORPORATOR

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

Name: ANTHONY K WARD Sr.

Address: 3798 ROLLINGSFORD CIRCLE

LAKELAND FL. 33810

****

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

Anthony K Ward Sr. / ANTHONY K WARD Sr. — 1/23/13

Required Signature/Registered Agent — 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.

Anthony K Ward Sr. / ANTHONY K WARD Sr. — 1/23/13

Required Signature/Incorporator — Date

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA