

PO6000065090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

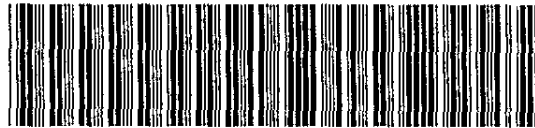
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/09/06--01038--001 \*\*78.75

REGISTRATION  
TALLAHASSEE, FLORIDA

2006 MAY -9 PM 4:19

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**COVER LETTER**

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

**SUBJECT: SACRED HEART SCHOOL OF NURSING AND ALLIED HEALTH, 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: CHARLES ETIENNE**

Name (Printed or typed)

**5412 EASTBAY DRIVE**

Address

**GREENACRES, FL., 33463**

City, State & Zip

**786-436-7025 / 561-963-8746**

Daytime Telephone number

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

**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:

SACRED HEART SCHOOL OF NURSING AND ALLIED HEALTH, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5412 EASTBAY DRIVE  
GREENACRES, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

EDUCATION. WILL PREPARE NURSES AND ALLIED HEALTH PROFESSIONALS. TARGETTED POPULATION: MINORITIES IN THE DELRAY BEACH AREA.

**ARTICLE IV SHARES**

The number of shares of stock is:

2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MARIE ANGE ETIENNE, PROGRAM DIRECTOR  
5412 EASTBAY DRIVE, GREENACRES, FL 33463  
CHARLES ETIENNE, INSTRUCTOR  
5412 EASTBAY DRIVE, GREENACRES, FL 33463

**ARTICLE VI REGISTERED AGENT**

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

CHARLES ETIENNE  
5412 EASTBAY DRIVE  
GREENACRES, FL 33463

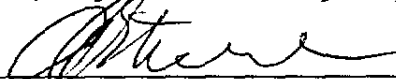
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CHARLES ETIENNE  
5412 EASTBAY DRIVE  
GREENACRES, FL 33463

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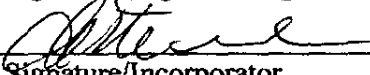
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

5/05/06

Date



Signature/Incorporator

5/05/06

Date

2006 MAY -9 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA