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W07-31789

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 10 2007

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** INTERNATIONAL SCHOOL OF NURSING & COLLEGE OF HEALTH SCIENCES  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

NANCY DURAND

(Name of Person)

INTERNATIONAL SCHOOL OF NURSING & COLLEGE OF HEALTH SCIENCES, INC

(Firm/Company)

6151 Miramar PKwy Suite 206  
(Address)  
Miramar FL 33023  
(City/State and Zip code)

For further information concerning this matter, please call:

Nancy Durand at 954, 593-9137  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

July 5, 2007

**NANCY DURAND**  
**6151 MIRAMAR PKWY STE 206**  
**MIRAMAR, FL 33023**

**SUBJECT: INTERNATIONAL SCHOOL OF NURSING & COLLEGE OF**  
**HEALTH SCIENCES, INC.**  
Ref. Number: W07000031789

We have received your document for INTERNATIONAL SCHOOL OF NURSING & COLLEGE OF HEALTH SCIENCES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return 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) 245-6928.

Tim Burch  
Document Specialist

Letter Number: 407A00043199

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. INTERNATIONAL SCHOOL OF NURSING & COLLEGE OF HEALTH SCIENCES, INC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**INTERNATIONAL University OF NURSING West Indies, INC**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. HAITI**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. 01/18/2007**

(Date of incorporation)

**5.**

**Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 43 AVE FOUCHARD , PAP HAITI W.I**

(Principal office address)

**6151 MIRAMAR PKWY SUITE 206, MIRAMAR FL 33023**

(Current mailing address)

**8. EDUCATIONAL**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **Nancy Durand**

Office Address: **6151 MIRAMAR PKWY SUITE 206**

**MIRAMAR**

(City)

**, Florida 33023**

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

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STATE  
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Nancy Durand

Address: PO Box 278887  
Miramar, FI 33027

Vice Chairman: LOUINEL ST-ALBORD

Address: PO Box 278887  
Miramar, FI 33027

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Nancy Durand

Address: PO Box 277771  
Miramar, FI 33027

Vice President: LOUINEL ST-ALBORD

Address: PO Box 277771  
Miramar, FI 33027

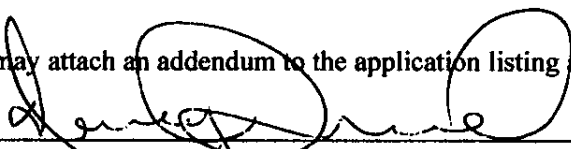
Secretary: DAVIDSON MONDELUS

Address: 43 AVE FOURCHARD , PAP HAITI W.I

Treasurer: SAHADIA AUGUSTE

Address: PO Box 278887, MIRAMAR FL 33027

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Nancy DURAND - President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REPUBLIQUE D'HAITI  
MINISTRE DE L'ECONOMIE ET DES FINANCES  
DIRECTION GENERALE DES IMPOTS

# CERTIFICAT DE PATENTE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 AUG -9 PM 1:44

Numéro de Patente: A1547559

Pour l'Exercice Fiscal: 2006-2007

Délivré à: INTRENATIONAL SCHOOL OF NURSING AND COLLEGE OF HEALTH SCIENCES

Numéro d'Immatriculation Fiscale: 000-497-800-3

Résidant au: WANEY 93, RUE CAMEMITE PROL. # 20

Commune: 116 CARREFOUR

Pour le secteur d'activité économique:

9310-ENSEIGNEMENT

Fait à: CARREFOUR

le 23-07-2007

Directeur Général

# The Language Link of Connecticut

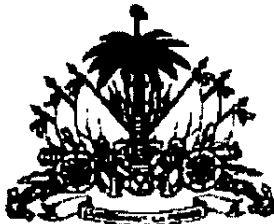
Translation, DTP and Foreign Language Typesetting

I hereby certify to the best of my knowledge and ability that the following 1 page/s is/are a true and accurate translation from French to English of the 1 page/s document. The translated page/s is/are on The Language Link of Connecticut letterhead and the 1 French page/s which was/were faxed to us is/are printed on the reverse.

Anda Gilbert 08/01/07  
Date  
Translation Department Project Coordinator  
The Language Link of Connecticut

Andreas F. Werner Aug 1 2007  
Notary Public Date

ANDREAS F. WERNER  
NOTARY PUBLIC  
MY COMMISSION EXPIRES NOV. 30, 2011



REPUBLIC OF HAITI  
MINISTRY OF ECONOMY AND FINANCES  
GENERAL SECTOR OF TAXES

## LICENSE CERTIFICATE

License Number: A1547559

Tax Year of: 2006-2007

Tax Identification Number: 000-497-800-3

Delivered to: INTERNATIONAL SCHOOL OF NURSING AND COLLEGE OF HEALTH SCIENCES.

Address: WAYNE 93, CAMEMITE STREET PROL. #20

Town: 116 CARREFOUR

For the Sector of Active Economy:

9310- TEACHINGS

At: CARREFOUR

Date: 07-23-2007

Signed General Director

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DGI87-014-0