TRANSMITTAL LETTER

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

Tallahassee, FL 32314								
SUBJECT: (PROPUSED CURPORATE NAME - MUST INCLUDE SUFFIX)								
70003388017——3 -09/11/00—01080—011 ******87.50 ******87.50 Enclosed is an original and one (1) copy of the articles of incorporation and a check for:								
\$70.00 Filing Fee	Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate PY REQUIRED					

FROM: EVA CORRIDON
Name (Printed or typed)

8346 SW 40 STREET
Address

MIAMI; 74, 33155

City, State & Zip

305 274 3900

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 13, 2000

EVA CORRIDON 8346 SW 40 STREET MIAMI, FL 33155

SUBJECT: AMERICAN CAREER EDUCATION INC. DBA ALLIED HEALTH

PROFESSIONS

Ref. Number: W00000022460

We have received your document for AMERICAN CAREER EDUCATION INC. DBA ALLIED HEALTH PROFESSIONS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the 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) 487-6928.

Tim Burch Document Specialist

Letter Number: 600A00048450

In Compliance with Chapter 617, F.	S., (Not for Profit)			
ARTICLE I NAME The name of the corporation shall be: AMERICAN CARE	ra Esiz	1 ATT	Taic.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and ma 8346 SW 40 ARTICLE III PURPOSE	<u>CE</u>			
The purpose for which the corporation	is organized is: A NONP	ublic	CAREER 5cho	EDUCA 0/
ARTICLE IV MANNER OF EL. The manner in which the directors are IS AS STATE I	elected or appointed:	Bylan	us	••
ARTICLE V INITIAL DIRECT The name and addresses: NONE A	ORS/OFFICERS	TIME		OO OCT 10 PM 3: 34 SECRETARY OF STATE TALLAHASSEE, FLORID,
	TERED AGENT AN		ODRESS	34 IDA
The name and Florida street address EVA CORRIDON 8346 SW 4072 S MIAMI THE SARTICLE VII INCORPORATO The name and address of the Incorp	TREET 3155	nt is:		
EUA CORRISON 8346 SW 40th STR MIAMI FL. 331:	EET 555	*********	**************************************	*******
Having been named as registered agent to in this certificate, I am familiar with and ac	accept service of proces: scept the appointment a	s for the above state s registered agent a	ed corporation at the piace and agree to act in this cap	e designateu Pacity
Cand		; vin /	092600 Date	70
Signature/Registered Agent			Date	.,,
(Z) 1	- :		092600	
S' Tona			Date	-

ARTICLES OF INCORPORATION

Signature/Incorporator