

TRANSMITTAL LETTER  
**N00000007307**

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

SUBJECT: \_\_\_\_\_

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700003407887--4  
-09/28/00--01056--006  
\*\*\*\*\*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

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Patricia J. Hagert

Name (Printed or typed)

35097 Whispering Oaks Blvd.

P.O. Box 0274

Address

Ridge Manor, FL  
33523

Dade City, Florida 33526-0274

City, State & Zip

(352) 583-0557

Daytime Telephone number

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

FILED  
00 NOV - 2 PM 12: 57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T BROWN NOV - 2 2000

5 ~~200-23823~~

Called 10/11 + P/16 No Answer



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 2, 2000

PATRICIA J. HAGERT  
P.O. BOX 0274  
DADE CITY, FL 33526-0274

SUBJECT: BUSINESS DEVELOPMENT, INC.  
Ref. Number: W00000023822

We have received your document for BUSINESS DEVELOPMENT, 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 487-6933.

Teresa Brown  
Corporate Specialist

Letter Number: 400A00052099



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 16, 2000

PATRICIA J. HAGERT  
P.O. BOX 0274  
DADE CITY, FL 33526-0274

SUBJECT: BUSINESS TRAINING NETWORK, INC.  
Ref. Number: W00000023822

We have received your document for BUSINESS TRAINING NETWORK, 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):

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.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6933.

Teresa Brown  
Corporate Specialist

Letter Number: 100A00054175

October 26, 2000

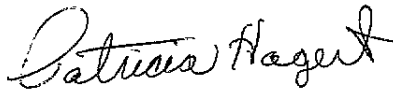
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Business Training Network, Inc.

Dear Sir or Madam:

If for some reason you should need to contact me, I can be reached at (352)583-5824 or you may leave a message and I will return your call. The address is 35097 Whispering Oaks Blvd. Ridge Manor, Fl. 33523. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Hagert". The signature is written in dark ink and is positioned above the printed name.

Patricia Hagert

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Business Training Network, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 0274

Dade City, Florida 33526-0274

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activities or business permitted under the laws of the United States and Florida, Provides management training to the general business community, including but not limited to business management including all facets concerning business, Unemployment, Workers Compensation, Wage & Hour, Safety in the work place.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The manner of election of the directors is as stated in the bylaws.

## ARTICLE V INITIAL

## OFFICERS

The name and addresses:

President Patricia J. Hagert  
35097 Whispering Oaks Blvd.  
Ridge Manor, Florida 33523

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Patricia J. Hagert  
35097 Whispering Oaks Blvd.  
Ridge Manor, Florida 33523

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia J. Hagert  
35097 Whispering Oaks Blvd.  
Ridge Manor, Florida 33523

\*\*\*\*\*  
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.

Patricia J. Hagert  
Signature/Registered Agent

10/5/00  
Date

Patricia J. Hagert  
Signature/Incorporator

10/5/00  
Date