

N100000008603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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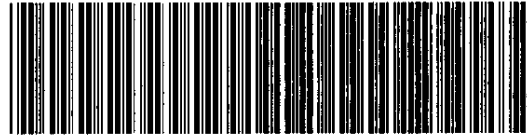
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 SEP 10 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1A

COVER LETTER

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

SUBJECT: Continuing Education Providers Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

Osberto Diaz

Name (Printed or typed)

4666 SW Dactyl St.

Address

Port St. Lucie, FL 34953

City, State & Zip

786-412-6053

Daytime Telephone number

O.Diaz@myomservices.com

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be:

Continuing Education Providers Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4666 SW Dactyl St. Port St. Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Educational Courses for Adjusters, Case Managers, Nurses, Attorneys & Health Care Industry.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be appointed by The President of the company with limited power.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*Osberto Diaz (DP)
4666 SW Dactyl St
Port St. Lucie, FL 34953*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Osberto Diaz (DP)
4666 SW Dactyl St. Port St. Lucie, FL 34953*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Same As Above Osberto Diaz (DP)
4666 SW Dactyl St
Port St. Lucie, FL 34953*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 10 PM 3:22

APPROVED
AND
FILED

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

Date

5/25/2010

Signature/Incorporator

Date

5/28/2010