

N11000001422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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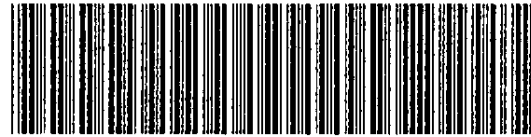
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 2/11/11

COVER LETTER

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

SUBJECT: BAIN SPECIALISTS CAREER INSTITUTE, 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: Sharon A. Reid
Name (Printed or typed)

P. O. Box 16494
Address

Ft. Lauderdale, FL 33318
City, State & Zip

954 309 3889 (office - 954 522-0016)
3627 W. Broward Blvd. Telephone number

sreid@bainspecialists.com
E-mail address: (to be used for future annual report notification)

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

CRH
4062

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

ARTICLE I NAME

The name of the corporation shall be:

BAIN SPECIALISTS CAREER INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3627 W. Broward Blvd

Ft. Lauderdale, FL 33312

Mailing address, if different is:

P. O. Box 16494

Ft. Lauderdale, FL 33318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which this corporation is created and maintained shall be exclusively for the promotion of education, business and commerce, economic and social welfare development, nationally and internationally.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The initial members of the corporation shall be appointed and going forward, all directors will be nominated and elected.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon A. Reid, President/CEO

Address: 3627 W. Broward Blvd

Ft. Lauderdale, FL 33312

Name and Title: Ken Marc, DVP

Address: 3627 W. Broward Blvd

Ft. Lauderdale, FL 33312

Name and Title: Paola Tovar, DVP

Address: 3627 W. Broward Blvd

Ft. Lauderdale, FL 33312

Name and Title: _____

Address: _____

Name and Title: Alston Golding, DVP

Address: 3627 W. Broward Blvd

Ft. Lauderdale, FL 33312

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sharon A. Reid

Address: 5510 Pacific Blvd. #102

Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

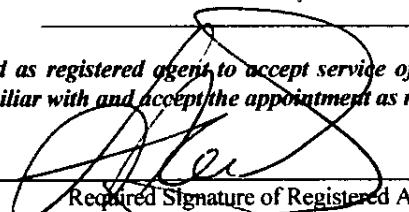
The name and address of the Incorporator is:

Name: Sharon A. Reid

Address: 5510 Pacific Blvd. #102

Boca Raton, FL 33433

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



Required Signature of Registered Agent

1/31/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

1/31/11

Date

FILED
FEB - 8 PM 3:34
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA