

N 11000001425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

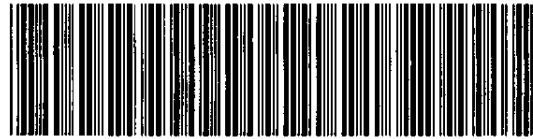
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SHAW FEB 11 2011

W11-6174  
2582

**SUBJECT:** Business Associations and Industries Network 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  
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.**

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2011 FEB -9 PM 4:47  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

OK # 4059  
Paul ✓

## ARTICLES OF INCORPORATION

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

### **ARTICLE I NAME**

The name of the corporation shall be: **Business Associations and Industries Network 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 of the corporation is to provide specific, industry-based training and development projects in the educational and professional development of its clients, in various fields, occupations and industries.

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

Directors and officers will be appointed initially, and elected to future status and positions.

### **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: **Dr. Alston Golding, DVP**  
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: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **Paola Tovar, 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: \_\_\_\_\_  
Address: **Sharon A. Reid**  
**5510 Pacific Blvd, #102**  
**Boca Raton, FL 33433**

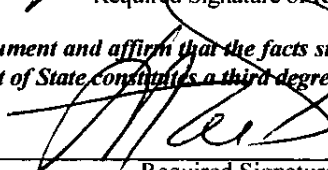
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature of Registered Agent

1/26/11

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

1/26/11

Date

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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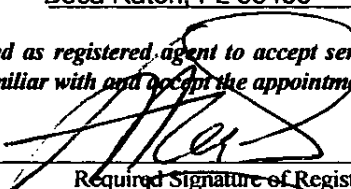
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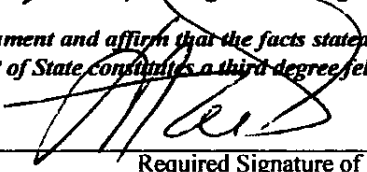
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