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(Requestor's Name) (Address)	100209498051
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	07/05/1101038003 **78.75
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## **COVER LETTER**

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

Tostifue + College tuc. **SUBJECT:** 

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED ondeso FROM: Ar. Lill m. Lobi ame (Printed or type 864 Biscayne Minm F City, State & Zij 33/81 PH 12: 30 86 - 768 - 2-35 Daytime Telephone number 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) ble tastitute +: Dlege, The. **ARTICLE I** NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: BiscaUNE Blid AME Ami, FL The purpose for which the corporation is organized is: For the purpose of Deblic Uterhing & Training. Online & Offline. ARTICLE III PURPOSE MANNER OF ELECTION The manner in which the directors are elected and appointed: By Formelin ARTICLE IV + College a Fres IDStitute ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS -Contem fres Name and Title: ISIAC Name and Title: Dr. Lille M. Kibin Som Address: 864 BISCHARE Blid \_ Address: antArtio. Milmi. 1/20 Name and Title: MAN - Name and Title: SAVITY 12.82 Address: Wate-Klau Address: Name and Title: A. Name and Title: Address: 90 totom bet ser A Address: 11um 1 int ARTICLE VI **REGISTERED AGENT** The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Whame: Address: Dr. <u>11110 Milordess</u> Ake fullie m. Robursa - Condoce Address: Dr. <u>790 Totum water wry</u> Dr. EC. MAI Corden ale Lile ARTICLE VII **INCORPORATOR** The name and address of the Incorporator Name: Address: 5 Canke Ba 33181 mini ក្ 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 All fillien contro Unsa Required Signature of Registered Agent 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.

At fillie m. Robinson and and fillie m. Conclere 6/2-3/20/1 Required Signature of Incorporator