

N12000001781

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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Special Instructions to Filing Officer:

Brian Lawrence

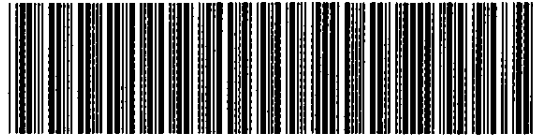
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 14 PM 5:00

Ps 2/16/12



West Lawrence School of Nursing

3903 Dr. Martin Luther King Jr. Blvd Unit J

Fort Myers, FL 33916

AHL: Dear Tam Smith,

I, Brian Lawrence will not rescind the dissolution of WLSN from profit to not-for-profit.

Sincerely,

Brian Lawrence, RN, BSN, MBA

A handwritten signature in cursive script, appearing to read "Brian Lawrence", is written over a horizontal line.

COVER LETTER

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

SUBJECT: West Lawrence School of Nursing, 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: Brian Lawrence

Name (Printed or typed)

3903 Dr. Martin Luther King Blvd Suite J

Address

Fort Myers, FL 33906

City, State & Zip

239-672-0288

3903 Dr. Martin Luther King Blvd Suite J
Fort Myers, FL 33906
Telephone Number

brilawren7@aol.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

West Lawrence School of Nursing, Inc

12 FEB 14 PM 5:00

ARTICLE II PRINCIPAL OFFICE

Principal street address

3903 Dr. Martin Luther King Blvd Suite J

Fort Myers, FL 33906

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Nursing School offering the following programs: Home Health Aide, Nursing Assistance and Practical Nursing

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

AS STATED IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juliet Washington, President

Address: 3903 Dr. Martin Luther King Blvd Suite J
Fort Myers, FL 33906

Name and Title: Brian Lawrence, TR

Address: 251 Bethany Home Drive
Lehigh Acres, FL 33936

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Brian Lawrence

Address: 251 Bethany Home Drive
Lehigh Acres, FL 33936

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian Lawrence

Address: 251 Bethany Home Drive
Lehigh Acres, FL 33936

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

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

Date