

N/500000052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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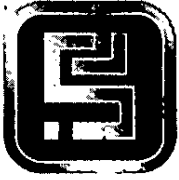
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14 DEC 31 PM 2:41

W14-76977

EFFECTIVE DATE 01/01/15



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December 29, 2014

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

To whom it may concern:

As per your letter dated November 26, 2014 (copy attached) the following changes were made to the updated filing.;

- 1) Daley Healthcare Technical Institute LLC has been officially dissolved - We were the original owners and have no intention of reactivating. As such the name Daley Healthcare Technical Institute, Inc be used from here onwards.
- 2) The name of the entity is now identical throughout the document as required
- 3) The effective date is January 1, 2015 (see attached articles)

Should you have any questions or concerns, please feel free to contact us. Thanks in advance for your assistance.

Sincerely

Carlyle Simms CPA

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14 DEC 31 PM 2:41
TALLAHASSEE, FL
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 DEC 31 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 26, 2014

SANDRA DALEY
8040 NW 54TH STREET
LAUDERHILL, FL 33351

SUBJECT: DALEY HEALTHCARE TECHNICAL INSTITUTE, INC.
Ref. Number: W14000070977

We have received your document for DALEY HEALTHCARE TECHNICAL INSTITUTE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L14000083311 (DALEY HEALTHCARE TECHNICAL INSTITUTE, LLC).

The name of the entity must be identical throughout the document.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

(850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 214A00025089

COVER LETTER

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

SUBJECT: DALEY HEALTHCARE TECHNICAL 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: SANDRA DALEY
Name (Printed or typed)

8040 NW 54TH STREET
Address

LAUDERHILL, FL 33351
City, State & Zip

(754) 214-3127
Daytime Telephone number

SANDRATEACH36@GMAIL.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: DALEY HEALTHCARE TECHNICAL INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8040 NW 54TH STREET
LAUDERHILL, FL 33351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Daley Healthcare Technical Institute, Inc was created to educate and assist
individuals to have high self-esteem and life opportunities by providing the technical training and education required to increase
their mastery of the technical skills necessary to succeed in the community and to find gainful employment.
Daley Healthcare Technical Institute, Inc provides workshops to empower adults, parents, and children
which encourages and motivates participants to go further, do more, and also develop effective mentoring relationships between children and
positive adult role models. In addition, Daley Healthcare Technical Institute, Inc provides a loving and caring environment for foster children

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By votes as stated
in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra Daley, President
Address: 8040 NW 54th Street
Lauderhill, FL 33351

Name and Title: Carlyle Simms, Treasurer
Address: 8040 NW 54th Street
Lauderhill, FL 33351

Name and Title: Allison Daley, Secretary
Address: 8040 NW 54th Street
Lauderhill, FL 33351

Name and Title: _____
Address: _____

Name and Title: Mark Spence, Asst Treasurer
Address: 8040 NW 54th Street
Lauderhill, FL 33351

Name and Title: _____
Address: _____

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EFFECTIVE DATE 01/01/15

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Carlyle Simms, CPA

Address: 5059 Pebblebrook Way
Coconut Creek, FL 33073

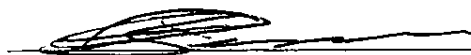
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandra Daley

Address: 8040 NW 54th Street
Lauderhill, FL 33351

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

11-19-14
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

11-19-14
Date

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Article VIII - Dissolution

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, or for a public purpose.

Article VIII - Effective Date

The effective date of this Corporation shall be January 1, 2015

FILED
14 DEC 31 PM 2:41
RECEIVED
FACULTY

EFFECTIVE DATE 01/01/15