

N20000003192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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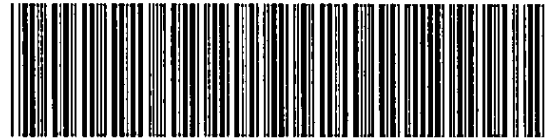
(Business Entity Name)

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MAR 05 2020

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CLERK OF STATE
DIVISION OF CORPORATIONS
20 MAR -5 PM 5:03

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: SPANISH MEDICAL INTERPRETERS ACADEMY, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2280 SHEPARD ST SUITE 404

JACKSONVILLE, FL 32211

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide specialized education/training to bilingual individuals,

enabling them to use their newly acquired knowledge, skills, and abilities with us to serve in any the medical field

and the Limited English Proficient (LEP) patients and their family members as Qualified Medical Spanish Interpreters.

In addition, our training will enable our students to prepare to test to become Certified Medical Interpreters through

the National Board of Certification for Medical Interpreters (NBCMI), and to help unemployed adult bilingual

students to become productive and self-sufficient members of our community.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isabel Sola, Secretary

Address: 1045 Cabo Blanco Ave. East
Atlantic Beach, FL 32233

Name and Title: Muriel Atkinson, Vice President

Address: 201 First Ave
Mt. Pleasant, TN 38478

Name and Title: Michael Tomlinson, President/Treasurer

Address: 2280 Shepard St Suite 404
Jacksonville, FL 32211

Name and Title: N/A

Address: _____

Name and Title: N/A

Address: _____

Name and Title: N/A

Address: _____

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Michael Tomlinson
Address: 2280 Shepard St Suite 404
Jacksonville, FL 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Tomlinson
Address: 2280 Shepard St Suite 404
Jacksonville, FL 32211

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2020. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Michael Tomlinson
Required Signature of Registered Agent

Jan. 25, 2020
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.

Michael Tomlinson
Required Signature of Incorporator

Jan. 25, 2020
Date