N20000012253

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700353403907

10/09/20--01020--018 **97.50

2020 CCT -9 PH 5: 22

COVER LETTER

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

2020 P. 11	
14.20	

CHD IF OF	The Borden Institute of Higher Learning, Inc.
SUBJECT:	
	(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:	Carol Borden	
	Name (Printed or typed)	
	3251 NE 180th Avenue	
	Address	
	Williston, FL 32696	
	City, State & Zip	
	352-299-0113	
	Daytime Telephone number	
	carol@medicalservicedogs.org	
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	I PRINCIPAL OFFICE				
ATT ACLES					
32	Principal <u>street</u> address: 51 NE 180th Ave		Mailing address, if different is:		
W	illiston, FL 32696				
				•	·
The purpose	TII PURPOSE for which the corporation is organized lary educational opportunities to assist	d is: Provide students with in economic stability and	th educational certificates, apprentices	ship, and	d other
	,		· moreused job opportunites.		
				2020 05	
				.301	
				9-	
				P N	. 1 -
ARTICLE I	V MANNER OF ELECTION Th	ne manner in which the dir	ectors are elected and appointed:		. 1
ARTICLE I			ectors are elected and appointed:	.5.	. 10
	/ INITIAL OFFICERS AND/OR D		Mary Io Brandt	.5.	. 10
IRTICLE V	/ INITIAL OFFICERS AND/OR D	DIRECTORS Name and Title	Mary Io Brandt	.5.	. 1 9
I RTICLE V Name and T	/ INITIAL OFFICERS AND/OR D	DIRECTORS	ectors are elected and appointed:	.5.	. 1
Name and T	itle: Carol Borden, CEO 3251 NE 180th Ave. Williston FL 32696	Name and Title	Mary Jo Brandt 15031 NE 1st PL. Williston, FL 32696	.5.	. 1
ARTICLE V	itle: Carol Borden, CEO 3251 NE 180th Ave. Williston FL 32696	Name and Title Address: Name and Title	Mary Jo Brandt 15031 NE 1st PL. Williston, FL 32696	.5.	
Name and T	itle: Carol Borden, CEO 3251 NE 180th Ave. Williston FL 32696 Chris Borden	Name and Title	Mary Jo Brandt 15031 NE 1st PL. Williston, FL 32696 Ann Larkins, Treasurer	.5.	, 1 ·
Name and T Address	itle: Carol Borden, CEO 3251 NE 180th Ave. Williston FL 32696 Chris Borden 3251 NE 180th Ave, Williston, FL 32696	Name and Title Address: Name and Title Address: Address: Address:	Mary Jo Brandt 15031 NE 1st PL. Williston, FL 32696 Ann Larkins, Treasurer 14491 NE 63rd Pl Williston, FL 32696	.5.	. 1
Name and T Address	itle: Carol Borden, CEO 3251 NE 180th Ave. Williston FL 32696 Chris Borden 3251 NE 180th Ave,	Name and Title Address: Name and Title	Mary Jo Brandt 15031 NE 1st PL. Williston, FL 32696 Ann Larkins, Treasurer 14491 NE 63rd Pl Williston, FL 32696	.5.	. 1

Name and Title	Priscilla Parker, Vice President	Name and Ti	Paul Bertram :le:	
Address	PO Box 1180	Address:	1461 Fairway Oaks Drive	
	High Springs, FL 32655		Casselberry Fl 327076	
	Night and D			
Name and Title		Name and Ti	le:	
Address	9307 Cambeltown Dr.	Address:		
	Hagerstown, MD 21740			
				
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT	acceptable) of the re	gistered agent is:	
Name:	Carol Borden			
Address:	3251 NE 180th Ave.			
	Williston, FL 32696			
Name: Address:	Carol Borden 3251 NE 180th Ave			
	Williston, FL 32696			
Effective date, (If an effective Note: If the da	e date is listed, the date must be specif	ic and cannot be n he applicable statute		
Having been n		vice of process for	the above stated corporation at the place designated nt and agree to act in this capacity	in this
(10	of 1. Londen		9-30-2020	
	Required Signature of Regist	3	Date	
i submit this do the Department	cument and affirm that the facts stated he of State constitutes a third degree felon	nerein are true. I am y as provided for in	aware that any false information submitted in a docun s.817.155, F.S.	nent to
Ideo	K & Dorden		9-30-2020	
	Required Signature of I	ncorporator	Date	
	V			

•