

TRANSMITTAL LETTER

P01000080064

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

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-08/10/01--01055--001

*****70.00 *****70.00

SUBJECT: Central Florida Health Academy, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: William D. Tarr
Name (Printed or typed)

7936 E. Gulf To Lake Hwy
Address

INverness, FL 34451
City, State & Zip

352-726-2376
Daytime Telephone number

FILED
01 AUG 10 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

-3. BRYAN AUG 15 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Central Florida Health Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 2498 INVERNESS, FL 34451

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For the Promoting of ^{ongoing} Education In the Health care field.

ARTICLE IV SHARES

The number of shares of stock is:

10000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Robert E. TARR - Pres (CEO) Secretary 7936 E Gulf to Lake Hwy. INVERNESS, FL 34451

William D. TARR - Vice Pres & Treas. 7936 E Gulf to Lake Hwy INVERNESS, FL 34451

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Robert E. TARR 7936 E Gulf to Lake Hwy INVERNESS, FL 34451

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert E. TARR 7936 E. Gulf to Lake Hwy INVERNESS, FL 34451

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

Robert Tarr
Signature/Registered Agent

Robert TARR

8/8/01
Date

Robert Tarr
Signature/Incorporator

Robert TARR

8/8/01
Date