# PoloDO 99198 TRANSMITTAL LETTER

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

> **500004631246**--2 -10/11/01--01031--025 \*\*\*\*\*87,50 \*\*\*\*\*\*87 50

SUBJECT: Kim Morten's Software Training Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:			
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:Kim_I Morten Name (Printed or typed)					TA S	74.
2415 NW 57th Place Address				01 OCT 1	ECRETAR LLAHAS	:
Gainesville, FL 32653 City, State & Zip				PM 2:	LED Y OF STATE SEE, FLORID	-
(352) 955-6074  Daytime Telephone number				9	NTE "	* 4 4 L
K-M BY PHON	CANE TO					

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

### ARTICLES OF INCORPORATION Of

## Kim Morten's Software Training Inc. A For Profit Corporation

#### ARTICLE I

The name of the corporation will be Kim Morten's Software Training Inc.

#### ARTICLE II

The principal mailing address is:

2415 NW 57<sup>th</sup> Place Gainesville, FL 32653.

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to:

- 1. Provide training in Microsoft Word.
- 2. Provide training in Microsoft Excel.
- 3. Provide Career Focus Workshops with topics to include Work ethics, Interviewing, Dressing for Success and other topics to help students gain career goals.

#### ARTICLE IV

The number of shares of stock is ONE.

#### ARTICLE V

The names, addresses and titles of the Officers are:

Chief Administrative Officer: Kim L. Morten 2415 NW 57<sup>th</sup> Place Gainesville, FL 32653

Second Administrative Officer: Ruth Strawder 15805 NE 12<sup>th</sup> Terrace Gainesville, FL 32609 SECRETARY OF STATE TALLAHASSEE, FLORIDA Chief Academic Officer: Kimberly Nobles-Welch 29 NW 59<sup>th</sup> Street Gainesville, FL 32607

Chief Financial Officer: -Kennith Morten Jr. 2415 NW 57<sup>th</sup> Place Gainesville, FL 32653

#### ARTICLE VI

The name and address of the Registered Agent is:

Kim L. Morten 2415 NW 57<sup>th</sup> Place Gainesville, FL 32653

I am hereby familiar with and accept the duties and responsibilities as Registered Agent.

Registered Agent:

Fin S. Morton

#### ARTICLE VII

The name and address of the Incorporator is:

Kim L. Morten 2415 NW 57<sup>th</sup> Place Gainesville, FL 32653.

I am hereby familiar with and accept the duties and responsibilities as Incorporator.

Incorporator:

Kim L. Morten

SECRETARY OF STATE TALLAHASSEE, FLORIDA