

TRANSMITTAL LETTER

P02000040130

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

200005170122- - 8  
-03/27/02--01001--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

CENTRAL FLORIDA NURSING AND BUSINESS INSTITUTE, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR - 13 PM 3:16

FILED

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 of Status

**ADDITIONAL COPY REQUIRED**

FROM: GERALD PHANORD  
Name (Printed or typed)

14909 WILD WOOD LILY CT  
Address

ORLANDO FL 32824  
City, State & Zip

(407) 851-7702  
Daytime Telephone number

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

W02-9181



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 2, 2002

SUZE PHANORD  
14909 WILD WOOD LILY COURT  
ORLANDO, FL 32824

SUBJECT: CENTRAL FLORIDA NURSING AND BUSINESS INSTITUTE  
Ref. Number: W02000009181

We have received your document for CENTRAL FLORIDA NURSING AND BUSINESS INSTITUTE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return the 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) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 202A00019386

**ARTICLES OF INCORPORATION**

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

**FILED**  
02 APR -12 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

CENTRAL FLORIDA NURSING & BUSINESS INSTITUTE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

14909 WILD WOOD LILY COURT

ORLANDO FL 32824

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO TRAIN AND EDUCATE STUDENTS IN THE MEDICAL AND BUSINESS ENVIRONMENT.

**ARTICLE IV SHARES**

The number of shares of stock is:

50

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

SUZE PHANORD PRESIDENT

14909 WILD WOOD LILY COURT

ORLANDO FL 32824

**ARTICLE VI REGISTERED AGENT**

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

GERALD PHANORD

2512 WEST COLONIAL DRIVE

ORLANDO FL 32804

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

g GERALD PHANORD


2512 W COLONIAL DRIVE SUITE 12

ORLANDO FL 32804

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Signature/Registered Agent

4/10/02  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/10/02  
Date