

TRANSMITTAL LETTER

P02000040130

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

200005170122- - 3
-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)

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

Date

Signature/Incorporator

Date

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

4/10/02

4/10/02