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

400007342164--2 -08/26/02--01066--013 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for	•
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 ARETARY Filing Fees Status Certificate of Status PY REQUIRED F  RECTIFICATE OF STATUS PY RECTIFICATE OF STATUS PY REQUIRED F  RECTIFICATE OF STATUS PY RECTIFICATE OF STATUS PY REQUIRED F  RECTIFICATE OF STATUS PY RECTIFICATE OF STATUS PY REQUIRED F  RECTIFICATE OF STATUS PY PY RECTIFICATE OF STATUS PY P	· -
FROM:	Debrah Name (	L. Chinar Printed or typed)	nde r	•
700 Manatee Bay Drive				
-	Boynton City, 5	Beach, Fitate & Zip	11 33435	
-	561~ 7 Daytime Te	33-3972 lephone number		

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

ARTICLES OF INCORPORATION In compliance with Ghapter 607 and/or Chapter 621, F.S. (Profit)  ARTICLE I NAME The name of the corporation shall be:	FILED  02 AUG 26 AM 8: 22  SECRETARY OF STATE
Deb Chinander CPR, Inc	, TALLAHASSEE FLORID
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  700 Manatee Bay Drive  Boynton Beach, 71-35435  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
CPR training	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	
Mary MANNINEN 1705 Satin Leaf Ct Delray Beach FL 33445 ARTICLE VII O INCORPORATOR	
The name and address of the Incorporator is:	
700 manatel Bay Dr. Boynton Beach, 7L 33435	*********
**************************************	portition at the piace weed.
M. M.	8-20-07
Signature/Registered Agent	Date

Signature/Incorporator