

FB 2000095232

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

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-08/29/02--01027--001
*****87.50 *****87.50

SUBJECT: Center of Career Training Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Mauva Munford
Name (Printed or typed)
12490 SW 7th Place
Address
Davie, FL 33325
City, State & Zip
(954) 806-8464
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 AUG 29 AM 9:13

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

9-4-02
WC

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:

Center of Career Training Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3190 N. State Rd. 7
Lauderdale Lakes, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business for which
corporation may be incorporated under Florida Law.

ARTICLE IV SHARES

The number of shares of stock is:

7,000 (\$1.00 par value common stock)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Mauva Munford
Suzette Costanzo
Andrea Campbell
Clytie Campbell

ARTICLE VI REGISTERED AGENT

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

Mauva Munford
3190 N. State Rd. 7
Lauderdale Lakes, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mauva Munford, Director
12490 SW 7th Place
Davie, FL 33325

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

Mauva Munford

Mauva Munford
Signature/Registered Agent

Mauva Munford

Mauva Munford
Signature/Incorporator

Date

Date

FILED STATE
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