

PO3000047100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Corey Kullman
AUTHORIZATION BY PHOTO
CORRECT
DATE *4/29/04*
DOC. EXAM

Office Use Only

[Signature] 4/29/04



700011400637

02/11/03--01009--002 **87.50

FILED
03 APR 28 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

423-4380

TRANSMITTAL LETTER

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

SUBJECT: NURSING Academic School 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:

George William

Name (Printed or typed)

4586 N.E 2 Ave.

Address

Mua Fla 33137

City, State & Zip

305-576-7768

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 13, 2003

GEORGES WILLIAM
4586 N.E. 2ND AVE.
MIAMI, FL 33127

SUBJECT: NURSING TECHNICAL SCHOOL
Ref. Number: W03000004360

We have received your document for NURSING TECHNICAL SCHOOL. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 503A00009800



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 11, 2003

GEORGES WILLIAM
4586 N.E. 2ND AVE.
MIAMI, FL 33127

Nursing Technical School

SUBJECT: NURSING ACADEMIC SCHOOL, INC.
Ref. Number: W03000004360

SECRET
TALLAHASSEE, FLORIDA

03 APR 28 AM 10:32

RECEIVED

We have received your document for NURSING ACADEMIC SCHOOL, INC. However, the document has not been filed and is being returned for the following reasons:

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

IS THIS A PROFITABLE CORPORATION ? IF SO. YOU MUST LIST A NUMBER OF SHARES.

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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 503A00009800

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:

Nursing Technical School Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4586 N. E 2 A V E
MIA Fla 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Nursing School

ARTICLE IV SHARES

The number of shares of stock is:

GEORGE WILLIAM 45% 5,000 SHARES
PAULE ROYALE 45% IRMA 10%

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

IRMA JENCK
480 N. E 103 ST MIA Fla 33150
MILDRED JENCK
480 N. E 103 ST MIA Fla 33150

ARTICLE VI REGISTERED AGENT

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

PAULE ROYALE
380 N. E 113 ST
MIA Fla 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GEORGE WILLIAM
4584 N. E 2 A V E MIA Fla 33137

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

04-06-03

Signature/Incorporator

Date

04-06-03

FILED
03 APR 28 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA