

PO3000151701

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(City/State/Zip/Phone #)

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09 JUL 27 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hebron Technical Institute of Health, Inc.

DOCUMENT NUMBER: P03000151701

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Vincent

Name of Contact Person

Hebron Technical Institute of Health, Inc.

Firm/ Company

20835 NW 2nd Avenue

Address

Miami Gardens, FL 33169

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Vincent

Name of Contact Person

at (305)

493-1761

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2009

LISA VINCENT
20835 NW 2 AVE
MIAMI GARDENS, FL 33169

SUBJECT: HEBRON TECHNICAL INSTITUTE OF HEALTH, INCORPORATED
Ref. Number: P03000151701

We have received your document for HEBRON TECHNICAL INSTITUTE OF HEALTH, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

Please return 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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 209A00024257

RECEIVED
2009 JUL 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Hebron Technical Institute of Health, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000151701

(Document Number of Corporation (if known))

FILED
09 JUL 27 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Hebron Technical Institute, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Yanithe L. Vincent

20835 NW 2nd Avenue

Miami Gardens, FL 33169

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

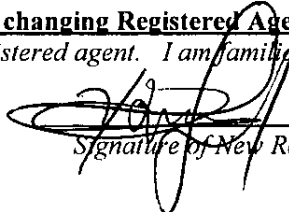
New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

See SO P+Tech

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 07/06/2009

(date of adoption is required)

Effective date if applicable: 07/06/2009

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

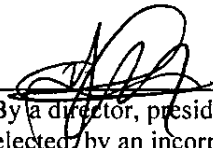
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 07/06/2009

Signature


(By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Y. Lisa Vincent

(Typed or printed name of person signing)

Director

(Title of person signing)

Articles of Amendment
To

ARTICLES OF INCORPORATION OF

Hebron Technical Institute, Inc.

The undersigned corporation (s), for forming a corporation under the Florida General Corporation Act, hereby adopts (s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: **Hebron Technical Institute, Inc.** the principal place of business of this corporation shall be:
20835 NW 2nd Avenue Miami Gardens, FL 33169

**ARTICLE II
NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

**ARTICLE III
CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:
7,000 shares.

**ARTICLE IV
TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V
PREEMPTIVE RIGHTS**

Every shareholder upon the sale for cash of any new stock of this corporation of same king, class, or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

**ARTICLE VI-OFFICERS
OFFICERS DIRECTORS**

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

Yanithe L. Vincent
20835 NW 2nd Avenue
Miami Gardens, FL 33169

Jeanluke Laguerre
20835 NW 2nd Avenue
Miami Gardens, FL 33169

**ARTICLE VII -COMMITTEES
INCORPORATOR (S)**

The name(s) and street address (es) of the incorporator(s) to these articles of incorporation is (are):
Hebron Technical Institute, Inc.
20835 NW 2nd Avenue Miami Gardens, FL 33169

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these articles of Incorporation this 6th day of July, 2009

Signature (s) of Incorporator(s)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:
Hebron Technical Institute, Inc.

2. The name and address of the registered agent and office is:
Yanithe L. Vincent

(P.O. BOX NOT ACCEPTABLE)

20835 NW 2nd Avenue Miami Gardens, FL 33169

(CITY/STATE/ZIP)

SIGNATURE: _____

TITLE: Director

DATE: 07/06/09

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN
THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY,
AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.**

SIGNATURE: _____

DATE: 07/06/09