

POS000022942

(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:

Office Use Only



800045296758

01/26/05--01027--009 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 FEB 14 PM 2:01

7-11 3/14

TRANSMITTAL LETTER

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

SUBJECT: CPT Florida, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Maria Becker

Name (Printed or typed)

2718 Kingfisher Village

Address

Deland, Florida 32720

City, State & Zip

386-216-6584

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 1, 2005

MARIA BECKER
2718 KINGFISHER VILLAGE
DELAND, FL 32720

SUBJECT: CPT FLORIDA, INC.
Ref. Number: W05000005272

We have received your document for CPT FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 005A00007077

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB 14 PM 2:01

ARTICLE I NAME

The name of the corporation shall be:

CPT Florida, Inc.

Certified Pediatric Technicians, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2718 Kingfisher Village
Deland, FI 32720

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1. Offer the highest quality vocational training for paraprofessionals who care for children particularly those children with special needs.
2. Train highly specialized medical paraprofessionals in a cost effective manner.
3. Provide its graduates with personal and financial independence

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John Becker, 2718 Kingfisher Village, Deland, FI 32720, Chairman Director
Maria Becker, 2718 Kingfisher Village, Deland, FI 32720, Chairwoman Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Maria Becker, 2718 Kingfisher Village, Deland, FI 32720

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Becker, 2718 Kingfisher Village, Deland, FI 32720

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

1-21-05

Date



Signature/Incorporator

1-21-05

Date