

PD5000030174

(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



400046438764

02/21/05--01060--017 \*\*78.75

FILED  
05 FEB 21 AM 9:37  
TALLAHASSEE, FLORIDA

V. Ingram

## TRANSMITTAL LETTER

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

ORIGINAL

**SUBJECT:** National Educational Training Systems, 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:** Leslie Elaine Ellis

Name (Printed or typed)

1912 Libby Court

Address

Holiday, FL 34690

City, State & Zip

727-944-5455

727-365-8522

Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

FILED

05 FEB 21 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

National Educational Training Systems, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16116 N. Florida Avenue  
Lutz, FL 33549

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Education, residential program administration and consulting.

## 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):

Leslie Elaine Ellis, President  
1654 Sweetspire Dr.  
Trinity, FL 34655

David Michael Ellis  
2001 Marquis Court  
New Port Richey, FL 34655

## ARTICLE VI REGISTERED AGENT

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

Leslie Elaine Ellis  
1654 Sweetspire Dr.  
Trinity, FL 34655

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leslie Elaine Ellis  
1654 Sweetspire Dr.  
Trinity, FL 34655

\*\*\*\*\*

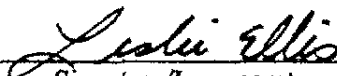
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date