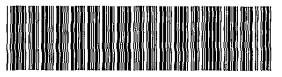
# P.0500081349

(Re	equestor's Name)	
(Ac	ddress)	<u> </u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Di	ocument Number)	
(2)	sourient Hambery	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1





100055538041

U6/03/05--01046--U82 \*\*87.5U

TILED

1005 JUN -3 A & 13

# TRANSMITTAL LETTER

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

SUBJECT: M	IARC & SYLVIE HEALTI	I TRAINING CENTE	R, INC
	•	TE NAME - MUSTINCE	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a cneck for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	MARC A. AC	CCILIEN (Printed or typed)	
	Name	(Printed or typed)	
	2048 SW 176	TERRACE	
•		Address	
	MIRAMAR, FL.	.33029 , State & Zip	· · ·
	(954) 232-18		
•	Daytime 1	elephone 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)

### ARTICLE I NAME

The name of the corporation shall be:

MARC & SYLVIE HEALTH TRAINING CENTER, INC.

### PRINCIPAL OFFICE <u>ARTICLE II</u>

The principal place of business/mailing address is:

: 2048 SW 176 TERRACE 2300 NW 9th Ave.

: MIRAMAR, FL 33029 WILTON MANORS

FL. 33311

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

TO OPERATE A VOCATIONAL TRADE SCHOOL

### <u>ARTICLE IV</u> SHARES

The number of shares of stock is: 100 SHARES

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARC A. ACCILIEN : SILVIE TINA PIERRE

MIRAMAR, FL. 33029 : MIRAMAR, FL. 33029

2048 SW 176 Terrace

PRESIDENT

: VICE PRESIDENT

# REGISTERED AGENT

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

MARC A. ACCILIEN

2048 sw 176 TERRACE

MIRAMAR FL. 33029

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARC A. ACCILIEN

2048 SW 176 TERRACE

MIRAMAR, FL 33029

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

Date

05-26-05

# TRANSMITTAL LETTER

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

SUBJECT: M	ARC & SYLVIE HEALTH	TRAINING CENTE	R, INC		
	(PROPOSED CORPORA)	TE NAME – MUST INCL	UDE SURFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
	·				
FROM:	MARC A. ACC	CILTEN Printed or typed)			
2048 SW 176 TERRACE Address					
MIRAMAR, FL. 33029 City, State & Zip					
(954) 232–1866					
Daytime Telephone number					

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