

PD5000113908

(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:

Aline La Fortune GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Article I*
DATE *8/17/05*
DOC. EXAM *MRS*

Office Use Only



600058519066

08/15/05--01044--006 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 AUG 15 AM 10:07

mrb
8/17

TRANSMITTAL LETTER

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

SUBJECT: Green Cross School of Nursing (GCSN)

(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: Aline La Fortune

Name (Printed or typed)

12998 SW 33 ST

Address

Miramar

FL

33027

City, State & Zip

786-295-6067

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 15 AM 10:07

ARTICLE I NAME

The name of the corporation shall be:

Green Cross School of Nursing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15383 NW 7th Avenue Miami, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

School of Nursing

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Aline La Fortune ARNP 12998 SW 33 ST, Miramar, FL 33027

ARTICLE VI REGISTERED AGENT

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

Aline La Fortune ARNP 12998 SW 33St Miramar, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Aline La Fortune ARNP 15383 NW 7th Avenue Miami, FL 33169

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

8/15/2005

Date


Signature/Incorporator

8/15/2005

Date