

POS000144513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

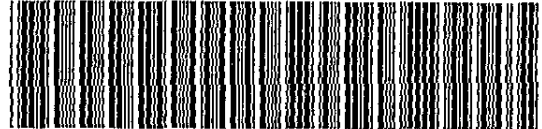
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
05 OCT 24 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/25/05 BWC
WDS-47221

COVER LETTER

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

SUBJECT: Professional Medical Training 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: Steve Moews
Name (Printed or typed)
40th Ln.
13793 46th Lane North
Address
Royal Palm Beach FL 33411
City, State & Zip
561-441-9908
Daytime Telephone number

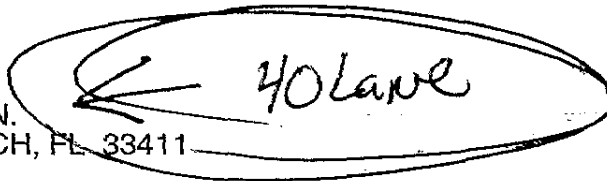
NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 14, 2005

STEVE MOEWS
13793 46TH LANE N.
ROYAL PALM BEACH, FL 33411



SUBJECT: PROFESSIONAL MEDICAL TRAINING INC.
Ref. Number: W05000047221

We have received your document for PROFESSIONAL MEDICAL TRAINING 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 document must state the number of shares of authorized stock.

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 905A00062678

RECEIVED
05 OCT 24 PM 3:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Professional Medical Training inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13793 40th Lane North
Royal Palm Beach FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

New Corporation doing (CPR Training)

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):

Steve Moews 13793 40 Lane North Royal Palm Beach FL 33411
Michael Rodriguez 6522 Spring Meadow Dr. Greenacres, FL 33413

ARTICLE VI REGISTERED AGENT

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

13793 40 Lane North Royal Palm Beach FL 33411
Steve Moews

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Rodriguez 6522 Spring Meadow Dr. Greenacres FL 33413

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

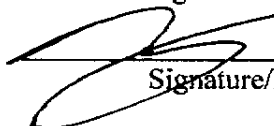


Signature/Registered Agent

Steve Moews

Oct. 7 2005

Date



Signature/Incorporator

Michael Rodriguez

Oct. 7 2005

Date