

P060000 33276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

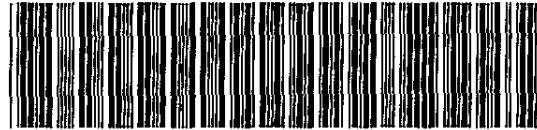
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

D. WHITE MAR - 7 2006



300066951983

103/015/116--01060--019 \*\*87.50

FILED  
06 MAR -6 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** Institute for Nursing Assistants, Inc.

(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

*FIN # 20-4403657*

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:** Robert Torres

Name (Printed or typed)

9450 NW 58 Street, Suite 104

Address

Doral, Florida 33178

City, State & Zip

305-444-7717

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

06 MAR -6 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Institute for Nursing Assistants, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9450 NW 58 Street, Suite 104 Doral, Florida 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Teaching curriculum for medical trade courses

**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):

Robert Torres

9450 NW 58 Street, Suite 104 Doral, Florida 33178

**ARTICLE VI REGISTERED AGENT**

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

Robert Torres

9450 NW 58 Street, Suite 104

Doral, Florida 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert Torres

9450 NW 58 Street, Suite 104

Doral, Florida 33178

\*\*\*\*\*

*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

February 20, 2006

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

February 20, 2006

\_\_\_\_\_  
Date