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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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JACKSONVILLE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

ALL FLORIDA TRAINING, INC.

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3-9-06

**ARTICLE OF INCORPORATION
OF**

All Florida Training, Inc.

**THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION
UNDER THE FLORIDA GENERAL CORPORATION ACT, DO HEREBY
ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:**

ARTICLE ONE:

THE NAME OF THE CORPORATION: All Florida Training, Inc.

ARTICLE TWO:

THE DURATION OF THE CORPORATION IS PERPETUAL

ARTICLE THREE:

THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

1. TO ENGAGE IN THE BUSINES OF ANY AND ALL LAWFUL BUSINES
CONNECTED WITH **Training**

2. TO TRANSACT ANY OTHER LAWFUL BUSINES FOR WHICH
CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA
GENERAL CORPORATION ACT, AND ENGAGE IN ANY OTHER TRADE
OF BUSINES WHICH CAN, BE ADVANTAGEOUSLY CARRIED ON IN
CONNECTION WITH OR AUXILIARY TO THE FOREGOING BUSINES.
3. TO DO SUCH THINGS AS ARE INCIDENTAL TO THE FOREGOING OR
NECESSAARY OR DESIRABEL IN ORDER TO ACCOMPLISH THE
FOREGOING.

ARTICLE FOUR:

**THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS
AUTHORISED TO ISSUE IS 1000 SHARES. SUCH SHARES SHALL BE OF A
SINGLE CLASS, AND SHALL HAVE A PAR VALUE OF \$ 1.00.**

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ARTICLE FIVE:

THE STREET ADDRESS OF THE INCIAL REGISTERED AND PRINCIPAL OFFICE OF THE CORPORATION IS: 500 SW 64th Parkway, Pembroke Pines, FI 33028 AND THE NAME OF ITS INCIAL REGISTERED AGENT AT SUCH ADDRESS IS: Otto Gonzalez.

ARTICLE SIX:

THE NUMBERS OF DIRECTORS CONSTITUTING THE INCIAL BOARD OF DIRECTORS OF THE CORPORATIONS IS One (1) THE NAME AND ADDRESS OF EACH PERSON WHO IS TO SERVE AS A MENBER OF THE INCIAL BOARD OF DIRECTORS:

PRESIDENT: Otto Gonzalez 500 SW 64th Parkway, Pembroke Pines, FI 33028

SECRETARY:

TREASURER:

VICE PRESIDENT:

ARTICLE SEVEN:

THE NAME AND ADDRESS OF THE INCORPORATOR IS AS FOLLOWS: Otto Gonzalez ARE OF, The UNDERSIGNED HAS MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION AT DADE COUNTY, FLORIDA THIS 07 DAY OF March 2006.


INCORPORATOR
Otto Gonzalez

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED Otto Gonzalez KNOWN TO BE AND KNOWN BY ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND HE/SHE ACKNOWLEDGED BEFORE ME THAT HE/SHE EXECUTED THOSE ARTICLES OF INCORPORATION. IN EYEWITNESS WHEREOF, I HAVE SET HAND SEAL IN THE STATE AND COUNTY ABOVE, ON 07 Day of March, 2006.

NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION EXPIRES

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCED OF MY DUTIES.



REGISTERED AGENT
Otto Gonzalez

STATE OF FLORIDA:

BEFORE ME, A NOTARY PUBLICX AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED Otto Gonzalez KNOWN TO BE AND KNOWN BY ME TO EXECUTED THE FOREGOING ACCEPTANCE BY REGISTERED AGENT, AND HE/SHE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED THAT ACCEPTANCE ON 07 DAY OF March 2006.

NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION EXPIRES

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NOTARY PUBLIC
STATE OF FLORIDA