

PO7000015235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

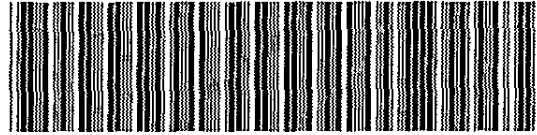
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 FEB - 1 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/2/07

COVER LETTER

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

SUBJECT: Health Training Center 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: Evelinda Camacho
Name (Printed or typed)

10354 STRATFORD POINTE AVE
Address

ORLANDO FL 32832
City, State & Zip

407-435-6819
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)

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07 FEB -1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Health Training Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10354 STRATFORD POINTE AVE.
ORLANDO FL. 32832

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Training in medical related field

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Evelinda Camacho
10354 STRATFORD POINTE AVE
ORLANDO FL. 32832
President/CEO.

Hector R. Camacho
10354 STRATFORD POINTE AVE.
ORLANDO FL. 32832
Vice-President

ARTICLE VI REGISTERED AGENT

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

Evelinda Camacho
~~Hector R. Camacho~~
10354 STRATFORD POINTE AVE
ORLANDO FL. 32832

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hector R. Camacho
10354 STRATFORD POINTE AVE.
ORLANDO FL. 32832

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

Evelinda Camacho
Signature/Registered Agent

1/29/07
Date

Hector R. Camacho
Signature/Incorporator
Hector R. Camacho

1/29/07
Date