

P07000024153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

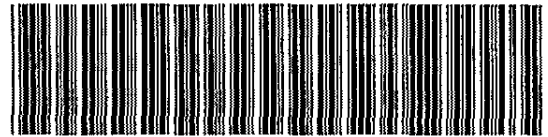
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/27/07--01047--005 **78.75

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07 FEB 27 PM 3:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
2/28

COVER LETTER

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

SUBJECT: PROFESSIONAL HEALTH INSTITUTE, 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: PROFESSIONAL HEALTH INSTITUTE, INC.
Name (Printed or typed)

165 SW 130 AVENUE

Address

MIAMI, FL. 33184

City, State & Zip

305-984-7179

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)

ARTICLE I NAME

The name of the corporation shall be:

PROFESSIONAL HEALTH INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

165 SW 130 AVENUE, MIAMI, FL. 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE EDUCATIONS

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO \$ 1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOSE M. PENA, AS PRESIDENT WITH ADDRESS AT: 165 SW 130 AVENUE, MIAMI, FL. 33184
AND CARIDAD TRIANA AS VICEPRESIDENT WITH ADDRESS AT: 9351 FONTAINEBLEAU
BLVD., B-425 MIAMI, FL. 33172

ARTICLE VI REGISTERED AGENT

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

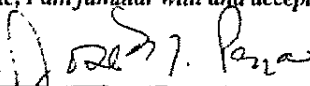
JOSE M. PENA, 165 SW 130 AVENUE, MIAMI, FL. 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARIDAD TRIANA , 9351 FONTAINEBLEAU BLVD., B-425 MIAMI, FL. 33172

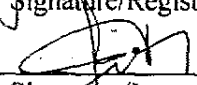
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

07-20-07

Date



Signature/Incorporator

07-20-07

Date

CLERK OF STATE
TALLAHASSEE, FLORIDA

07 FEB 27 PM 3:14

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