

P0700035850

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

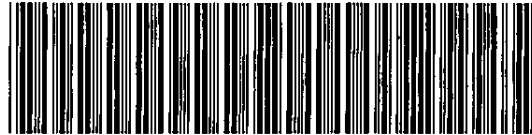
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Special Instructions to Filing Officer:

W07-11172

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAR 21 PM 3:29

FILED

## COVER LETTER

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

SUBJECT: Nursing Tutoring by Appointment

(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: Guy Syndic

Name (Printed or typed)

17560 NE 5th Court

Address

Miami

FL

33162

City, State & Zip

786-487-5145

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2007

GUY SYNDIC  
17560 NE 5TH COURT  
MIAMI, FL 33162

SUBJECT: NURSING TUTORING BY APPOINTMENT  
Ref. Number: W07000011172

We have received your document for NURSING TUTORING BY APPOINTMENT. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

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) 245-6934.

Loria Poole  
Document Specialist  
New Filing Section

Letter Number: 207A00015875

# 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:

Nursing Tutoring by Appointment, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

13730 NE 11th Avenue, Miami, FL 33161

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To open a Nursing Tutoring Service

## **ARTICLE IV SHARES**

The number of shares of stock is:

2

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Guy Syndic  
17560 NE 5th Court  
Miami, FL 33162

## **ARTICLE VI REGISTERED AGENT**

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

Guy Syndic  
17560 NE 5th Court  
Miami, FL 33162

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Guy Syndic  
17560 NE 5th Court  
Miami, FL 33162

\*\*\*\*\*  
*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*

Guy Syndic  
Signature/Registered Agent

Guy Syndic  
Signature/Incorporator

3/10/07  
Date

3/10/07  
Date

FILED  
07 MAR 21 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA