

PD 7000062592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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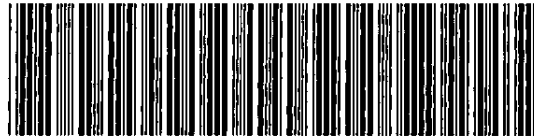
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 MAY 24 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
5/25

COVER LETTER

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

SUBJECT: National Hospitality Training 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: James A. Greer
National Hospitality Training Institute, Inc.
Name (Printed or typed)

848 Executive Drive
Address

Oviedo, FL 32765
City, State & Zip

407-497-4764
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:

National Hospitality Training Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

848 Executive Drive
Oviedo, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James A. Greer, President
Lisa M. Greer, Secretary

ARTICLE VI REGISTERED AGENT

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

James A. Greer
848 Executive Drive
Oviedo, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James A. Greer
848 Executive Drive
Oviedo, FL 32765

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

Signature/Incorporator

FILED
07 MAY 24 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-22-07

Date

5-22-07

Date