POTWO124720

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

KS



500112336525

11/16/07--01014--001 **87.50

O7 NOV 16 PM 4: 2

COVER LETTER

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

SUBJECT: DIVINITY HEALTH CAREER	R INSTITUTE, Inc.	,
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Alan P. Byrd, Attorney at Law		
1031 Ives Dairy Road, Su	(Printed or typed) ite 228 Address	
Miami, FL 33179	State & Zip	

305 655 2196

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

Daytime Telephone number

ARTICLES OF INCORPORATION OF

DIVINITY HEALTH CAREER INSTITUTE, Inc.

THE UNDERSIGNED, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

I.

The name of the corporation is: DIVINITY HEALTH CAREER INSTITUTE, Inc.

II.

The period of its duration is perpetual.

III.

The general purposes for which the corporation is organized are:

- a. For the general purpose of doing any lawful business.
- b. To do such other things as are incidental to the above or desirable in order to accomplish the foregoing.
- c. To engage in any other lawful trade or business which can, in the opinion of the Board of Directors of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing business.

IV.

The corporation shall have authority to issue 100 shares, all of one class, no par value.

V.

The address of its initial registered office is: 18021 NW 3rd Avenue, Miami, FL 33169. The name of its initial registered agent is: BAUDELAIR SAINVIL.

VI.

The number of directors constituting the initial board of directors is TWO. Their names and addresses are: BAUDELAIR SAINVIL, 20550 NW 9th Place, Miami, FL 33169; and MARIE NIRVA JOURDAN SAINVIL, 20550 NW 9th Place, Miami, FL 33169.

The principal office of the corporation and mailing address is: 18021 NW 3rd Avenue, Miami, FL 33169.

VII.

4 4.4.

The name and address of the incorporator is: BAUDELAIR SAINVIL, 20550 NW 9th Place, Miami, FL 33169.

VIII.

The initial officers of the corporation are: President, BAUDELAIR SAINVIL; Vice-President MARIE NIRVA JOURDAN SAINVIL; Secretary, BAUDELAIR SAINVIL, and Treasurer are: MARIE NIRVA JOURDAN SAINVIL

Dated: 10 57 07	BAUDELAIR SAINVIL INCORPORATOR
STATE OF FLORIDA COUNTY OF MIAMI DADE	MOON ON TON
provided his Florida driver's license no.: \mathcal{F} subscribed the above Articles of Incorporation	as identification and whom and did freely and voluntarily acknowledge before me the same for the uses and purposes therein mentioned and se
IN WITNESS WHEREOF, I have set n day of October, 2007.	ny official seal at, Miami Dade County, Florida, this
SWORN TO AND SUBSCRIBED BEFORE M	IE THIS 5 day of OCTOBER 2007.
EXPIRES: M	BYRD ON # DD293986 Notary Public State of Florida Discount Assoc. Co.
Personally Known OR Produced Type of Identification Produced	Identification

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that DIVINITY HEALTH CAREER INSTITUTE, Inc. desiring to organize under the laws of the State of Florida, with its principal office at 18021 NW 3rd Avenue, Miami, FL 33169, as indicated in the articles of incorporation has named: BAUDELAIR SAINVIL as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE SAUDELAIR SAINVIL

Registered Agent