

PO8000053611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

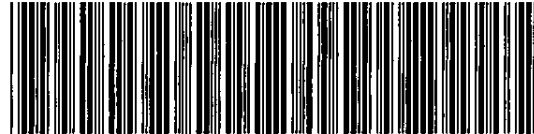
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/30/08--01014--021 **122.50

FILED
08 MAY 30 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/3/08

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

Re: ROLLING HILLS SCHOOL OF ALLIED HEALTH INC.

To Whom It May Concern:

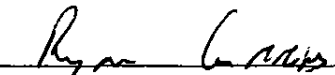
I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed Corporation.

Also enclosed is a check/money order in the amount of \$122.50 for payment of the following fees:

Filing Fee	\$ 35.00
Certified copy fee	52.50
Registered Agent fee	35.00
Charter Tax	<u>00.00</u>
 TOTAL	 \$122.50

Please file the original articles and return the certified copy to me at the above address:

Sincerely



Incorporator
Ryan Cummins

**ARTICLES OF INCORPORATION
OF
ROLLING HILLS SCHOOL OF ALLIED HEALTH INC.**

ONE: The name of the Corporation is Rolling Hills School of Allied Health Inc.

TWO: The duration of the Corporation shall be perpetual.

THREE: The **physical address** of the Corporation is:
691 West Montrose Ave.
Clermont, FL 34711

The **mailing address** of the Corporation is
1666 Grandeflora Ave
Clermont, FL 34711

FOUR: The general purpose or purposes for which this Corporation is being formed is/are to operate a School of Allied Health Education to revolutionize the healthcare field "one patient at a time" by building a community of students who will be the healthcare professionals of tomorrow. Consulting and all other activities for which corporation may be incorporated under Chapter 607 of the Florida statutes.

FIVE: The aggregate number of shares, which the Corporation shall have authority to issue, is:

One Thousand (1,000) common shares having a par value of \$1.00 per share.

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TALLAHASSEE, FLORIDA

SIX: The registered agent and the street address of the initial registered office of the Corporation in the State of Florida are:

<u>Name</u>	<u>Address</u>
Ryan Cummins	1666 Grandeflora Ave. Clermont, FL 34711

SEVEN: The number of directors/officers constituting the initial Board of Directors is/are 1 and the name and address of each person who is to serve as a member thereof is as follows:

<u>Name</u>	<u>Address</u>
Ryan Cummins President	1666 Grandeflora Ave. Clermont, FL 34711

EIGHT: The name and address of the Sole Incorporator is:

<u>Name</u>	<u>Address</u>
Ryan Cummins	1666 Grandeflora Ave. Clermont, FL 34711

The internal affairs of the Corporation shall be governed by the By-Laws of the Corporation, which shall be adopted at first meeting of the Board of Directors.

NINE: The names and street addresses and the number of shares subscribed to by the subscribers here to, who are also members of the first Board of Directors and who are to conduct the Business of the Corporation until those elected at the organizational meeting are:

Name

Shares

Ryan Cummins

1000 Shares

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TALLAHASSEE, FLORIDA

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.

Ryan Cummins
Signature/Registered Agent

5/15/08
Date

Ryan Cummins
Signature/Registered Agent

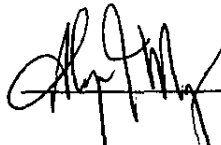
5/15/08
Date

STATE OF FLORIDA

COUNTY OF SEMINOLE

I, HEREBY CERTIFY that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person Ryan Cummins as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 15th day of MAY, 2008.



Notary Public

My commission expires: 12/13/2010

Ryan Cummins

Personally Known

Identification FL DRIVERS LICENSE

C. 552-721-75-201-0

