

PO8000087827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

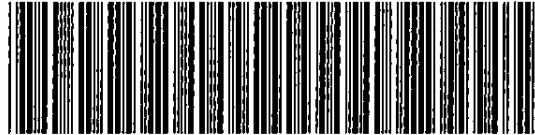
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 SEP 24 PM 9:14
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TALLAHASSEE, FL 32309

[Handwritten signature]

COVER LETTER

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

SUBJECT: SCHOOL OF MED TECHNOLOGY, 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: IVAN CORO

Name (Printed or typed)

8506 SW 8 ST SUITE 246

Address

MIAMI FLORIDA 33144

City, State & Zip

305 244 2546

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:

SCHOOL OF MED TECHNOLOGY, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

8506 SW 8 ST SUITE 246
MIAMI FLORIDA 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

POST SECONDARY MEDICAL EDUCATION

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IVAN CORO, PRESIDENT
9481 HOLIDAY RD
CUTLER BAY
FLORIDA 33157

ARTICLE VI REGISTERED AGENT

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

IVAN CORO, PRESIDENT
9481 HOLIDAY RD
CUTLER BAY
FLORIDA 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IVAN CORO, PRESIDENT
9481 HOLIDAY RD
CUTLER BAY
FLORIDA 33157

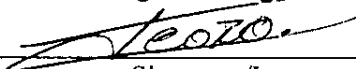
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

09/22/2008

Date



Signature/Incorporator

09/22/2008

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA