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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

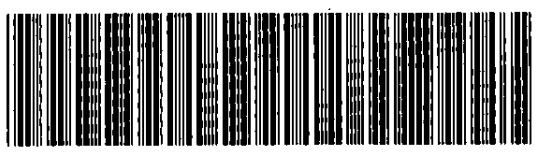
(Business Entity Name)

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09 SEP 28 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP9/29/09

COVER LETTER

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

SUBJECT: Appleton's School for Health Training 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: Appleton's School for Health Training Inc.
Name (Printed or typed)

1708 B Corporate Drive
Address

Boynton Beach FL 33426
City, State & Zip

561-278-2784

Daytime Telephone number

diminursing@ymail.com

E-mail address: (to be used for future annual report notification)

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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Appleton's School for Health Training Inc.

ARTICLE II PRINCIPAL OFFICE

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

1708 B CORPORATE DRIVE
BOYNTON BEACH, FL 33426

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRAINING IN MEDICAL FIELD (Ex: Home Health Aide training)

ARTICLE IV SHARES

The number of shares of stock is:

99

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DIANE RICCA
SUSAN RICCA,
NANCY HERNANDEZ

ARTICLE VI REGISTERED AGENT

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

DIANE RICCA
1708 B CORPORATE DRIVE
BOYNTON BEACH FL 33426

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DIANE RICCA
1708 B CORPORATE DRIVE
BOYNTON BEACH, FL 33426

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

Diane Ricca
Signature/Registered Agent

09.23.09
Date

Diane Ricca
Signature/Incorporator

09.23.09
Date