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2011 JAN 31 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 01 2011

COVER LETTER

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

SUBJECT: Business Associations and Industries Network Specialists, 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: Sharon A. Reid

Name (Printed or typed)

P. O. Box 16494

Address

Ft. Lauderdale, FL 33318

City, State & Zip

(954) 309 3889

Daytime Telephone number

sreid@bainspecialists.com

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

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

CK # 4058
Reid

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Business Associations and Industries Network Specialists, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3627 W. Broward Blvd
Ft. Lauderdale, FL 33312

Mailing address, if different is:
P. O. Box 16494
Ft. Lauderdale, FL 33318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation was organized for the purpose of providing the services of educational and professional development on workplace compliance and similar projects, in various fields, occupations and industries, and the hosting of networking sessions.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon A. Reid, President/CEO
Address: 3627 W. Broward Blvd
Ft. Lauderdale, FL 33312

Name and Title: Dr. Alston Golding, DVP
Address: 3627 W. Broward Blvd
Ft. Lauderdale, FL 33312

Name and Title: Ken Marc, DVP
Address: 3627 W. Broward Blvd
Ft. Lauderdale, FL 33312

Name and Title: _____
Address: _____

Name and Title: Paola Tovar, DVP
Address: 3627 W. Broward Blvd
Ft. Lauderdale, FL 33312

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sharon A. Reid
Address: 3627 W. Broward Blvd
Ft. Lauderdale, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sharon A. Reid
Address: 3627 W. Broward Blvd
Ft. Lauderdale, FL 33312

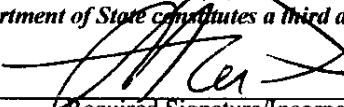
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

1/22/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

1/22/11

Date

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