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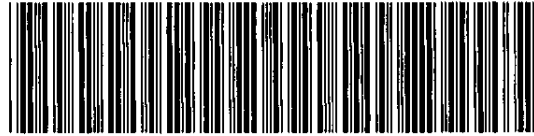
(Business Entity Name)

(Document Number)

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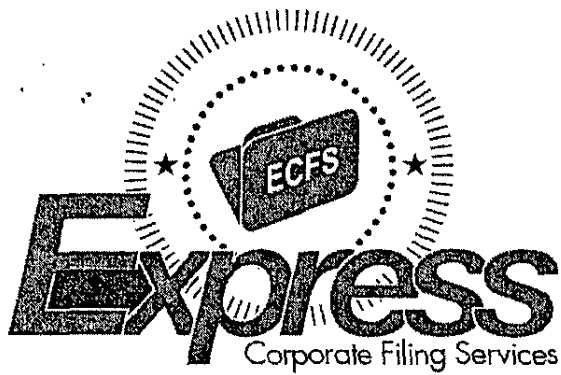
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
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1000 Ponce de Leon Blvd. Suite: 101

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Inter Miami Dade Institute Vocational Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☒ Pick up time \_\_\_\_\_    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials \_\_\_\_\_

**ARTICLES OF INCORPORATION  
OF  
INTER MIAMI DADE INSTITUTE VOCATIONAL INC**

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TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**Article I - Name**

The name of the corporation shall be:

**INTER MIAMI DADE INSTITUTE VOCATIONAL INC**

**Article II - Principal Office**

The principal place of business shall be:

6489 SW 8 ST  
MIAMI, FL 33144

**Article III - Shares**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**ONE THOUSAND (1,000)**

**Article IV - Purpose**

To carry on and engage in any and all lawful business or businesses.

**Article V - Initial Registered Agent and Street Address**

The name and address of the initial registered agent is:

**ARGELIA M. ALCURIA**  
651 SW 65 AVE  
MIAMI, FL 33144

Article VI – Incorporator(s)

The name(s) and street address (es) of the Incorporator(s) to these Articles of Incorporation is (are):

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Name:	Title:	Address:	Shares:
ARGELIA M. ALCURIA	PRESIDENT REGISTERD AGENT	651 SW 65 AVE MIAMI, FL 33144	50%
ARMANDO L. ALCURIA	VICE-PRESIDENT	651 SW 65 AVE MIAMI, FL 33144	50%
MARIA G. ALCURIA	SECRETARY	651 SW 65 AVE MIAMI, FL 33144	0%

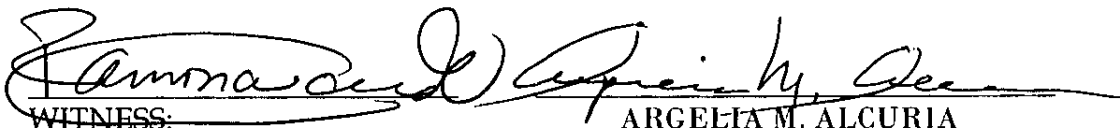
Article VII Directors

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

3 day of June 2011

  
WITNESS: ARGELIA M. ALCURIA

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

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**TALLAHASSEE FLORIDA**


Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, 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.

1. The name of the Corporation is: **INTER MIAMI DADE INSTITUTE  
VOCATIONAL INC**

2. The name and address of the registered agent and office is:

**ARGELIA M. ALCURIA**  
**651 SW 65 AVE**  
**MIAMI, FL 33144**

During been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

 (Seal)  
**ARGELIA M. ALCURIA**