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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

**Enter the email address for this business entity to be used for er the email address for this pusiness entity to be used to prove annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION Florida CNA Skills Center Orange Park Inc.

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA CNA SKILLS CENTER JACKSONVILLE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1801 LAKE FOREST LN FLEMING ISLAND, FL 32003

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is,

DIRECTOR, PRESIDENT
MARSHA DILL
1801 LAKE FOREST LN
FLEMING ISLAND, FL 32003

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PECRETARY OF STATE

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARSHA DILL 1801 LAKE FOREST LN FLEMING ISLAND, FL 32003

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

MARSHA DILL 1801 LAKE FOREST LN FLEMING ISLAND, FL 32003

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.

MARSHA DILL /Incorporator

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