

P12000034981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

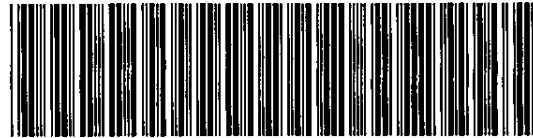
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700227021237

04/11/12--01033--006 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 11 PM 3:14

7/12
8

COVER LETTER

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

SUBJECT:

Quality Nursing Training Center, 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:

Ferline Caty Alexis
Name (Printed or typed)

1207 Hampton Blvd.
Address

NORTH LAUDERDALE, FL. 33068
City, State & Zip

(954) 822-1154
Daytime Telephone number

CatyFerline@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: Quality Nursing Training Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1207 Hampton Blvd
North Lauderdale
Florida 33068

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Train and Certify Students to work with the ill and disable.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ferline C. Alexis
Address: 1207 Hampton Blvd
North Lauderdale
Florida 33068

President

Name and Title:

Address:

Name and Title: Vice P. Montfort Alexis
Address: 1207 Hampton Blvd
North Lauderdale
Florida 33068

Name and Title:

Address:

Name and Title:

Address:

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: Ferline C. Alexis
Address: 1207 Hampton Blvd
North Lauderdale Fl 33068

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Ferline C. Alexis
Address: 1207 Hampton Blvd
North Lauderdale Fl 33068

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

Ferline C Alexis
Required Signature/Registered Agent

4-9-12
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.

Ferline C Alexis
Required Signature/Incorporator

4-9-12
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 11 PM 3:14