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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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J. STATES JUL 17 2012



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2012

YVONNE SILVA 8560 SW 20TH CT DAVIE, FL 33324

SUBJECT: AMERICAN COLLEGE OF HEALTH AND SCIENCE, INC

Ref. Number: W12000035452

We have received your document for AMERICAN COLLEGE OF HEALTH AND SCIENCE, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 612A00017985

COVER LETTER

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

SUBJECT: American College of Health and Science, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFEX)

Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	1 1 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
FROM: Yvonne Silva	(Printed or typed)
8560 SW 20th Ct	Address
Davie, FL. 33324 City, 5	State & Zip
(954) 667-5525 Daytime To	elephone number
yvonne@progressivetc.c E-mail address: (to be used	OM I 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 II	PRINCIPAL OFFICE		
KIICLISII	Principal street address	N	Mailing address, if different is:
	8560 SW 20th Ct		V 20th Ct
	Davie, FL 33324		L 33324
RTICLE III	PURPOSE		
	which the corporation is organized is:		<u>-</u>
	and prepare students for employabil		
	e in any activity or business permitte	d under the laws	of the United States and or th
State of Flor	nda.		
RTICLE IV	SHARES		
ne number of sh	ares of stock is 500		
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>ORS</u>	
	Title: Yvonne Silva, CEO/President		Sergio P. Silva, Vice-President
Address:	8560 SW 20th Ct	Address:	8560 SW 20th Ct
	Davie, FL 33324		Davie, FL. 33324
Name and	Title:	Name and Title:	
Address:	<u></u>	Address:	
Name and '	Fitle:		
Address:		Address:	
RTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) of the registered agen	t is:
Name:	Yvonne Silva		
Address:	.8560 SW 20th Ct		
	Davie, FL 33324		
RTICLE VII	INCORPORATOR		SSE 16
	idress of the Incorporator is:		Fm
Name:	Yvonne Silva		
Address:	8560 SW 20th Ct		
	Davie, FL. 33324		
aving been nan	ned as registered agent to accept service of pro-	cess for the above stat	ted corporation at the place designated
	am familiar with and accept the appointment as		
/			
L	Required Signature/Registered Agent		07/10/12
	/ Required Signature/Registered Agent		Date
submit this doc	cument and affirm that the facts stated herein o	are true. I am aware	that the false information submitted in
	Department of State constitutes a third degree fe		
/1	1.1		07/10/10
	voire Silve		07/10/12 Date
/ 1	Required Signature/Incorporator		Date