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15 MAR 24 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 26 2015  
S. GILBERT

## COVER LETTER

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

SUBJECT: **Intercontinental Career Institute, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **Yvonne Silva**  
Name (Printed or typed)  
**4521 PGA Blvd., #507**  
Address  
**Palm Beach Gardens, Fl 33418**  
City, State & Zip  
**(561) 408-0710**  
Daytime Telephone number  
**yvonne@guidingstarededucation.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: Intercontinental Career Institute, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4521 PGA Blvd., #507

Palm Beach Gardens, Fl 33418

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To educate and prepare students for employability  
in their field of study. The corporation will also engage in any activity or business permitted  
under the laws of the United States or the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Yvonne Silva

Address: 4521 PGA Blvd #507

Palm Beach Gardens,

FL 33418

Name and Title: Sergio P. Silva

Address: 4521 PGA Blvd #507

Palm Beach Gardens,

FL 33418

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Yvonne Silva  
Address: 4521 PGA Blvd #507  
Palm Beach Gardens, FL 33418

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yvonne Silva  
Address: 4521 PGA Blvd #507  
Palm Beach Gardens, FL 33418

*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*

Yvonne Silva 3/18/2015  
Required Signature/Registered Agent 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.*

Yvonne Silva 3/18/2015  
Required Signature/Incorporator Date