

P15000069281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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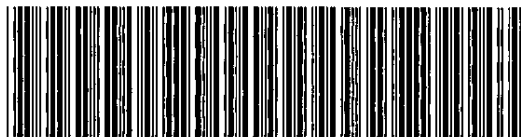
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/20/15

## COVER LETTER

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

Kaiser Technical and Educational Centers Inc

**SUBJECT:** \_\_\_\_\_  
(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: Sandra Conley  
\_\_\_\_\_  
Name (Printed or typed)  
  
3570 Lookout Ct 499  
\_\_\_\_\_  
Address  
  
Oceanside CA 92056  
\_\_\_\_\_  
City, State & Zip  
  
407-301-1113  
\_\_\_\_\_  
Daytime Telephone number  
  
wilari99@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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**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**

Kaiser Technical and Educational Centers Inc

The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3570 Lookout CT 499

Oceanside CA 92056

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The primary purpose of the corporation is to prepare and educate

The purpose for which the corporation is organized is:

students for a career in a technical, vocational field or job, where it may or may not require ceratain regulatory

conditions or training to apply for a license on a given field or course provided by the school.

**ARTICLE IV SHARES**

100

The number of shares of stock is:

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

Name and Title: Sandra Conley-President

Address: 3570 Lookout Ct #499

Oceanside CA 92056

Name and Title: William Aristizabal-Secretary

Address: 3570 Lookout Ct #499

Oceanside CA 92056

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Michael Joelson \_\_\_\_\_

Address: 807 San Jose Ct \_\_\_\_\_

Kissimmee FL 34758 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: William Aristizabal \_\_\_\_\_

Address: 3570 Lookout Ct 499 \_\_\_\_\_

Oceanside CA 92056 \_\_\_\_\_

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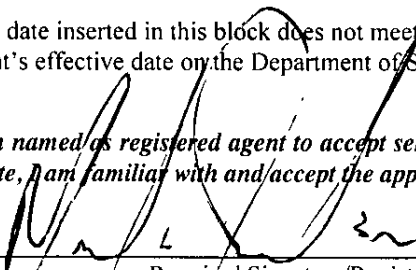
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

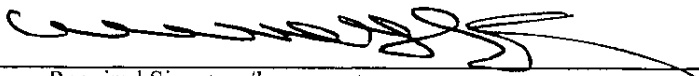


Required Signature/Registered Agent

8-10-15

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.*



Required Signature/Incorporator

8-10-15

Date