

P16000021979

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

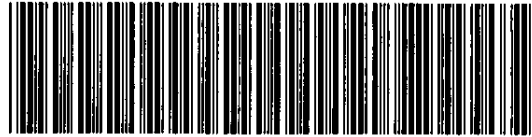
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-10-18
7

COVER LETTER

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

SUBJECT: TRIODE INTERNATIONAL 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
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: VIVAIN E EDWARDS

Name (Printed or typed)

1831 SW ALBERCA LN

Address

PORT AT. LUCIE FL 34953

City, State & Zip

772 2496226

Daytime Telephone number

vivaine162@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2016

VIVAIN E EDWARDS
1831 SW ALBERCA LN
PORT ST LUCIE, FL 34953

SUBJECT: TRIODE INTERNATIONAL INSTITUTE INC
Ref. Number: W16000006157

We have received your document for TRIODE INTERNATIONAL INSTITUTE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 816A00001916

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16 JAN -9 PM 3:12
2016

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: Triode International, Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

362 SW Cherry Hill Rd.
Port St. Lucie FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: School For Nursing
To provide an education center for individuals
who are interested and qualified in pursuing
an education in nursing.

ARTICLE IV SHARES

The number of shares of stock is: Three

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angela Alleyne RN Name and Title: _____

Address: 465 NW Concord St. Address: _____

Port St. Lucie FL 34983

Name and Title: Vivaine Edwards RN Name and Title: _____

Address: 1831 SW Alberca Ln. Address: _____

Port St. Lucie FL 34953

Name and Title: Joyce Robinson LPN Name and Title: _____

Address: 2212 SE Lucca St. Address: _____

Port St. Lucie FL 34952

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Glenn Lorne Glenn
Address: 1998 SW Granallo Terrace
Port St Lucie, FL 34953

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vivaine Edwards
Address: 1831 SW Alberca Ln
Port. St. Lucie FL 34953

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

Glenn
Required Signature/Registered Agent

3/1/14
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.

Vivaine I Edwards
Required Signature/Incorporator

3/1/16
Date