

From:

From: 718.889.7420 Tue May 9 12:30:23 2017 Page 1 of 3
P170000041513

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Institute of Professional Certification, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

17 MAY -9 PM 3:56

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

17 MAY -9 AM 8:33

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Corporate Filing Menu

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MAY 10 2017

From:

06/09/2017 13:32

#097 P.002/003

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: Institute of Professional Certification, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
450 Carillon Parkway, Suite 120

St. Petersburg, FL 33716

Mailing address, if different is:
450 Carillon Parkway, Suite 120

St. Petersburg, FL 33716

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educational Development

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stefanie V. Ploumann/ Director

Address: 1617 Open Field Loop
Brandon, FL 33510

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

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05/09/2017 13:32

#097 P.003/003

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: BlumbergExcelsior Corporate Services, Inc.
Address: 155 Office Plaza Drive 1st Floor
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Veronica Gonzalez
Address: 16 Court St 14th Floor
Brooklyn NY 11241

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

Zeina Hassan
Required Signature/Registered Agent

5/9/17
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.817.135, F.S.

Veronica
Required Signature/Incorporator

5/9/17
Date

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