

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
INSTITUTE FOR NURSING ASSISTANTS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

Effective Date: 1/1/18

TAX ID: 20-4403657

ARTICLE I NAME: The name of the corporation is:Institute for Nursing Assistants, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4471 NW 36 ST
Suite 213
Miami Spring FL 33166**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Robert Torres (P)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

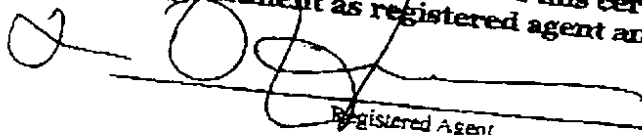
Robert Torres
4471 NW 36 ST Suite 213
Miami Spring FL 33166**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Robert Torres
4471 NW 36 ST Suite 213
Miami Spring FL 33166

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Required Signatures:

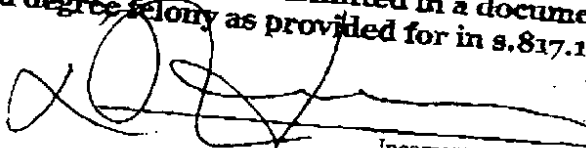
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.



Incorporator

Date

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