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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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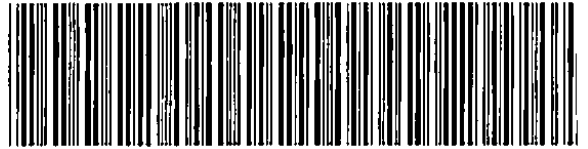
(Business Entity Name)

(Document Number)

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2019 MAR 15 10:00 AM
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MAR 15 2019

COVER LETTER

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

SUBJECT: West Florida Healthcare 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: Natalia Mack
Name (Printed or typed)

4101 Pappy Kennedy St.
Address

Orlando, FL 32811
City, State & Zip

(407) 427-3246
Daytime Telephone number

Tali Nicole Mack@yahoo.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: West Florida Healthcare Institute Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

225 South Adams Street
Tallahassee, FL 32303

4101 Pappy Kennedy St.
Orlando, Florida
32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

West Florida Healthcare Institute will serve as
a vocational school that offers training and
courses required to satisfy graduate requirement
in Diploma and certification programs including
but not limited to: Practical Nursing, Pharmacy Tech,

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President, CEO

Name and Title: _____

Address

Natalia Nicole Mack
4101 Pappy Kennedy
St. Orlando, FL 32811

Address: _____

Name and Title:

Vice President of Marketing
Athaiya Mack
4101 Pappy Kennedy St.
Orlando, Florida 32811

Name and Title: _____

Address

Address: _____

Name and Title:

Director of Operations
Janice Mack
4101 Pappy Kennedy St.
Orlando, FL 32811

Name and Title: _____

Address

Address: _____

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of\J...
11-1-19

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: Natalia Mack
Address: 4101 Pappy Kennedy St.
Orlando, FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Natalia Mack
Address: 4101 Pappy Kennedy St.
Orlando, FL 32811

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 days prior or 90 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

Natalia Mack
Required Signature/Registered Agent

3/10/19
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.

Natalia Mack
Required Signature/Incorporator

3/10/19
Date

FILED
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CLERK OF THE
DEPARTMENT OF
STATE