

P97000093597  
TRANSMITTAL LETTER

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

**SUBJECT:** COMMUNITY CNA CLASSES, INC.  
(Proposed corporate name - must include suffix)

200002330782--8  
-10/27/97-01154-015  
\*\*\*\*122.50 \*\*\*\*122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** FAYE SMITH  
Name (Printed or typed)

1662 SE FALLON DR.  
Address

PORT ST. LUCIE, FL 34983  
City, State & Zip

(561) 340-3016  
Daytime Telephone number

Faye Smith GAVE  
AUTHORIZATION BY R.A. Address  
CORRECT Shares 2 Stock  
DATE 10/29/97  
DOC. EXAM gf

FILED  
97 OCT 27 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

FILED  
97 OCT 27 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be:

COMMUNITY CNA CLASSES, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1011 N. 23rd St.  
Fort Pierce, FL 34950

### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

2

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are: FAYE SMITH

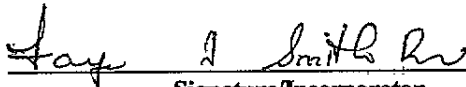
1662 SE Fallon Dr.  
Port St. Lucie, FL 34983

### **ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

Faye Smith  
1662 SE Fallon Dr.  
Port St. Lucie, FL 34983

Alphenia M. Shine  
1025 SW Colorado Ave.  
Port St. Lucie, FL 34953

  
\_\_\_\_\_  
Signature/Incorporator

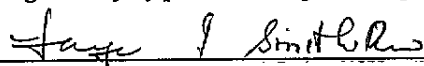
FAYE SMITH

October 23, 1997

\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent*

  
\_\_\_\_\_  
Signature/Registered Agent

FAYE SMITH

October 23, 1997

\_\_\_\_\_  
Date