

P98000040147

TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY - 1 PM 2:29

SUBJECT: NEW INNOVATIONS HEALTH CAREERS, INC.
(Proposed corporate name - must include suffix)

100002507991--3
-05/01/98--01071--017
*****70.00 *****70.00

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:

JUDY M. HOLLEY

Name (printed or typed)

957 OAK DR.

Address

OVIEDO, FL 32765

City, State & Zip

(407) 679-9267 2325

Daytime Telephone number

(407) 679-2325 or
6794350

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

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

NEW INNOVATIONS HEALTH CAREERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2518 CREEKVIEW CIRCLE
OVIEDO, FL 32765

ARTICLE III SHARES

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

ONE HUNDRED (100) SHARES AT TEN DOLLARS (\$10.00) PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUDY M. HOLLEY
957 OAK DR.
OVIEDO, FL 32765

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ARTICLE V INCORPORATOR(S)


See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JULIA J. ARMENDAREZ
2518 CREEKVIEW CIRCLE
OVIEDO, FL 32765

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27th day of April, 19 98.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: NEW INNOVATIONS HEALTH CAREERS, INC.

2. The name and address of the registered agent and office is:

JUDY M. HOLLEY
(NAME)

957 OAK DR.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

OVIEDO, FL 32765
(CITY/STATE/ZIP)

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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)

4/27/98
(DATE)