Department of State Division of Corporations P. O. Boy 6327

Tallahassee, FL 32314

200003024742--1 -10/26/99--01011--020 *****87.50 *****87.50

SUBJECT: <u>Progressive</u> <u>Nursing</u> <u>Academy</u>

(Proposed corporate name - must include suffix)

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 of Status

□\$78.75

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Hermine C. Male (Printed or typed) Name (Printed or typed) Address	Lau TALLAHASSEE,	99 OCT 26 PM		
Brooklyn N. U City, State & Zip	11214 FLORIDA	53		<u>.</u>
7/8 596 -7/33 Daytime Telephone number		,	· · ·	

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

ARTICLES OF INCORPORATION

Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME The name of the corporation shall be:
Progressive Nursing academy inc
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
310 Livingston of
BLOOKIN NY 11217.
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
30% or 30.
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and Florida street address of the initial registered agent are:
Hermine Cunthing willing
MO TO NW WI MANON PAYKLAND FI 33064
The name and address of the incorporator to these Articles of Incorporation are:
//

Hermine Cynthia Ylaclace. 310 Livingston St. Brooklyn My 11214. Signature/Incorporator

(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

10 - 18 - 99. Date