

PO3000092337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

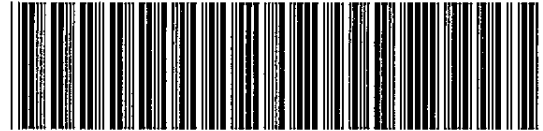
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/22/03--01002--023 **236.25

FILED
03 AUG 22 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 AUG 22 AM 10:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. New Approach Institute Inc.
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time _____
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

NEW APPROACH INSTITUTE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5184 PINE ABBEY DRIVE SOUTH, WEST PALM BEACH, FLORIDA 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TUTORING & DISTANT LEARNING

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ANGELA M. RODRIGUEZ, CEO
5184 PINE ABBEY DRIVE SOUTH,
WEST PALM BEACH, FLORIDA 33415

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

HECTOR PENA
5184 PINE ABBEY DRIVE SOUTH
WEST PALM BEACH, FLORIDA 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANGELA M. RODRIGUEZ
5184 PINE ABBEY DRIVE SOUTH
WEST PALM BEACH, FLORIDA 33415

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


Signature/Registered Agent

8-18-03
Date


Signature/Incorporator

8-18-03
Date