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

200004418172--3 -06/13/01--01080--007 *****87.50 *****87.50

Enclosed is an original a	nd one (1) copy of the arti	cles of incorporation and	a check for	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate	
FROM: _	Name (Pri	SALOP	TA.	0
-	PLANTATI	ddress On Fl 33	ECRETARY OF LLAHASSEE, I	

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

036/15

ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	
ALTERNATIVE EDUCATION INSTITUTE, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 11700 NW 4 STREET	 :°
PLANTATEON, FL 33325	
The purpose for which the corporation is accommending rade correspondance Internet kindergarten thru 12th grade correspondance Internet based provate school	
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:	
APPOINTED BY THE INCORPORATOR	_
AL SE O	
ARTICLE V INITIAL DIRECTORS/OFFICERS The name and addresses: The name and addresses:	-
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS	4
The <u>name and Florida street address</u> of the registered agent is: Krista Sallop 11700 NW 4 STREET Plantation, Pl 33325	-
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Krista Sallop	
11700 NW 4 STREET	- _

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.	
6/5/01	_
Signature/Registered Agent Date	- AEL
	=

Signature/Incorporator