

NO2000008039

TRANSMITTAL LETTER

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

FILED
02 OCT 18 AM 10:29
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SUBJECT: Logos Foundation For Language, Inc.

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-10/18/02--01061--010
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the Articles of Incorporation (Not For Profit Corporation) and a check in the amount of \$ 78.75 for filing fees, registered agent designation and a certificate.

**FROM: PADGETT BUSINESS SERVICES
31 WEST TARPON AVENUE
TARPON SPRINGS, FL 34689
(727) 934-7759**

CONTACT: ROGER UNBEHAGEN

10-18-02
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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not For Profit Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: **Logos Foundation For Language, Inc.**

ARTICLE II PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall be:
**369 Moorings Cove Drive
Tarpon Springs, FL 34689**

ARTICLE III PURPOSE

The specific purpose for which the corporation is organized is:
As a foundation for language improvement.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected is:
At each annual meeting, directors will be elected to service one (1) annual term.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

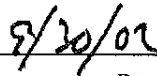
The name and street address of the initial registered agent are:
**Bernard E. Scott
369 Moorings Cove Drive
Tarpon Springs, FL 34689**

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:
**Bernard E. Scott
369 Moorings Cove Drive
Tarpon Springs, FL 34689**



Signature/Incorporator

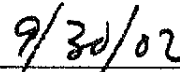


Date

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 except 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



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA