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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2006

EMPIRE

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SUBJECT: SUMMIT ACADEMY OF FLORIDA, INC. Ref. Number: W06000019465

We have received your document for SUMMIT ACADEMY OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are missing article I.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist New Filing Section

Letter Number: 006A00028638

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ARTICLES OF INCORPORATION

OF

2006 MAY - I AM 10: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUMMIT ACADEMY OF FLORIDA, INC.

ARTICLE | - NAME

The name of the Corporation is SUMMIT ACADEMY OF FLORIDA, INC...

ARTICLE II - ADDRESS

The principal office or mailing address of the Corporation is 4040 Sheridan Street, Hollywood, FL 33021.

ARTICLE III - DURATION

This Corporation shall have perpetual existence.

ARTICLE IV - PURPOSE

The purpose of this Corporation is to operate schools and educational centers for teaching and training of developmentally challenged children, and for such other purposes as permitted under the laws of the United States and of this State pertaining to Not for Profit Corporations.

ARTICLE V - DIRECTORS

The Corporation shall be managed and operated by a Board of Directors, consisting of at least three, but not more than five Directors. The initial Director shall be **Peter DiMezza**, whose address is 4040 Sheridan Street, Hollywood, FL 33021. He shall have the authority to appoint the two initial additional directors as are required to comprise the full initial Board of Directors.

ARTICLE VI - REGISTERED OFFICE AND AGENT

The initial registered office of this Corporation is 4040 Sheridan Street, Hollywood, FL 33021. The initial registered agent at such address is Myles H. Malman.

ARTICLE VII - DISTRIBUTION OF ASSETS UPON DISSOLUTION

In the event of dissolution or final liquidation of the Corporation, all assets or the net proceeds from the sale thereof shall be distributed or paid to another non-profit corporation located in South Florida whose stated purpose is for the benefit of developmentally challenged children or adults.

ARTICLE VIII - INCORPORATOR

The name and street address of the incorporator of this Corporation is as follows:

NAME

ADDRESS

Myles H. Malman

4040 Sheridan Street Hollywood, FL 33021

IN WITNESS WHEREOF, the undersigned incorporator has executed the foregoing Articles of Incorporation this 215 day of April, 2006.

Myles HL Malman (SEAL)

STATE OF FLORIDA COUNTY OF BROWARD

. . . .

Before me personally appeared Myles H. Malman, to me well known to be the person described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State named this 2^{1} day of April, 2006.



NOTARY PUBLIC STATE ICIAT. CELINSKI

My Commission Expires:

OF FLORIDA AT LARGE

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 48.091, Florida Statutes, the following is submitted:

FIRST, that SUMMIT ACADEMY OF FLORIDA, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at City of 4040 Sheridan Street, City of Hollywood, State of Florida, has named Myles H. Malman, located at 4040 Sheridan Street, City of Hollywood, State of Florida, as its agent to accept service of process within Florida.

Signature My Ma Title: Incorporator Date

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

nyona Signature Date

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