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

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SUBJECT: STU	12.	FARNING CEN		Ivc.	
(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 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED		n L
FROM: RENE DANZ Name (Printed or typed) 10209 SPYGLASS WAY Address					
BOCA RATON, FL 33498 City, State & Zip 561-451-2050					
Daytime Telephone number					

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida
Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME	
The name of the corporation shall be:	
STUDY ZONE LEARNING CENTERS INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: SUIS, STATE RD, 7 STE, 2 MARGATE, FL 33068 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one times.	FILED
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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:	
MURRAY A. DANZ	
10209 SPYELASS WAY BOCA RATON, FL 33498	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
GEORGE P. NELSON	
9610 CONCHELL MANOR	
PLANTATION, FL 33324	ě
× ///// /// 1/2/00	
Signature/Incorporator Date	-
	7-
(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	
this certificate, I hereby accept the appointment as registered agent and ag	gree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete performa	ance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	
X Many Non	2/23/00
Signature/Registered Agent	Date