

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name

: INTEGRATED MANAGEMENT GROUP, INC.

Account Number: I19990000058

: (954)753-6042

Phone Fax Number

: (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A.

FRESHMANENGLISH.COM. INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION OF

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

ARTICLE ONE

NAME

The name of the corporation shall be:
FreshmanEnglish.Com, Inc.
8508 Shadow Ct.
Coral Springs, FL 33071

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

8508 Shadow Ct. Coral Springs, FL 33071

INTEGRATED MANAGEMENT GROUP, INC. 10139 NW 31⁵¹ STREET SUITE 101 CORAL SPRINGS, FL 33065 (954)753-2222 H000000151845 00 APR - G DM It IS

ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is: Brian Simpson 8508 Shadow Ct. Coral Springs, FL 33071

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is: Brian Simpson 8508 Shadow Ct. Coral Springs, FL 33071

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The undersigned has executed these Articles of Incorporation. This 5th day of April.

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is: FreshmanEnglish.Com, Inc.
- 2. The name and address of the registered agent Brian Simpson 8508 Shadow Ct. Coral Springs, FL 33071

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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.

#ignature:

Date:

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SECRETARY OF STATE