POODO	<i>7</i> 1	03
Requester's Name		
Address BUYNIN BEAUTI H. City/State/Zip Phone #	426	Pri 3:21
CORPORATION NAME(S) & DOCUM	Office Us ENT NUMBER(S), (if known)	·
1. SouthBuogE P	Document #)	
2(Corporation Name)	(Document #)	RECEIVE OD OCT 24 PM VISION OF CORPC
3. (Corporation Name)	(Document #)	RECEIVED OO OCT 24 PN 3-13 DIVISION OF CORPORATION
Walk in Pick up time Wall out Will wait		ertified Copy ertificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Offi Change of Registered Age Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIF Foreign Limited Partnership Reinstatement Trademark Other	ICATION

CR2E031(7/97)

Well wait

Examiner's Initials

O 10, 24

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

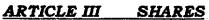
The name of the corporation shall be:

Southbridge Programs Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business and mailing address of this corporation shall be:

38 Vista Del Rio, Boynton Beach F1. 33426



The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares Common

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

John E. Clarke 38 Vista Del Rio, Boynton Beach F1. 33426

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

John E. Clarke 38 Vista Del Rio Boynton Beach 33426

WT Claude 10/27/2000
Signature/Incorporator Date

(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 the above stated corporation at the place designated in this certificate, I hereby accept 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