P00000109518

TRANSMITTAL LETTER

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

900003474749---4 -11/22/00--01076--018 *****78.75 ******78 75

SUBJECT: <u>Instructional Learning Center, Inc.</u>

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

\$122.50 Filing Fee & Certified Copy

\$131.25 Filing Fee, Copy Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

From: Mary Ann Wilkins

Name

6705 Elemeta Address

Tampa, Florida 33616 City, State & Zip

813 839-2912 Daytime Phone Number FILED

00 NOV 22 AM 9: 05

SECRETARY OF STATE
TALLAHASSEE, FLORE

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

Articles of Incorporation

1. The name of the corporation shall be: Instructional Learning Center, Inc.

2. The principal place of business and mailing address of the corporation is: 6705 Elemeta, Tampa, Florida 33616.

3. The corporation shall have the authority to issue 5,000 shares of stock, all of which shall be common shares with a par value of \$.00.

4. The registered agent of the corporation is **Susan Folsom**And the registered street address is

1630 Pine Place Clearwater, Fl 33755

1. The initial Board of Directors shall have two (2) members whose names and addresses are as follows:

Mary Ann Wilkins 6705 Elemeta Tampa, Florida 33616

Reginald Wilkins 6705 Elemeta Tampa, Florida 33618 FILED

OO NOV 22 AM 9: 05

SECRETARY OF STATE

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

2. The incorporator of this corporation is Whose street address is

Mary Wilkins 6705 Elemeta Tampa, Florida 33618

Dated // / 14/00

Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated // 20/00

Registered Agent