## PARASHITALIERIA (1857

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

SUBJECT: A Cademic Pri	de Inc. ATE NAME - MUST INCLI	IDE SHEELY)
(TROTOSED COM OR		00003502510 127570-01101 ********************************
Enclosed is an original and one(1) copy of the artic	cles of incorporation and a	check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: DR. Arthur Name (	(Printed or typed)	PILED  DEC 15 AM 9: 32  CRETARY OF STATE  LAHASSEE TLEAD
W. Palm Beach	h FL 3340 y, State & Zip	
(5U1) 433 ~	55 TT	

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

Daytime Telephone number

120

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be:

Academie Dride, Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>
The principal place of business/mailing address is: . 2326 S. Congress Ave, Suite 1-A W. Palm Beach, FL 33404 ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Recognition. 5tudent

ARTICLE IV SHARES The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
DR. Arthur Hansen, 1A 2324 S. Congress Ave, 1A
2326 5. Congress Ave, +
W. Palm Beach, FZ 33404
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Dr. Arthur Hansen 2324 S. Congress AW, 1 A
w. Palm Beach, 12 33404
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

| 7 (17/00)

Date

| 7 (17/00)

DOEC 15 M 9:30