

PA1000010948
Transmittal Letter

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

300003590003--1
-01/29/01--01092--020
*****70.00 *****70.00

SUBJECT: North Port Learning Center, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

\$122.50

\$131.25

chk# 440

\$70.00

FROM:

Karen Sanchez Gray

5500 Biscayne Drive

North Port, FL 34287

(941) 426-4946

FILED
01 JAN 29 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10-05-2001

ARTICLES OF INCORPORATION
OF

North Port Learning Center, Inc.

FILED
01 JAN 29 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

North Port Learning Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

North Port Learning Center, Inc.
5500 Biscayne Drive
North Port, FL 34287

ARTICLE III SHARES

The Number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Karen Sanchez Gray
5328 Kismet Terrace
North Port, FL 34287

ARTICLE V INCORPORATOR(S)

The name(S) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Karen Sanchez Gray
5328 Kismet Terrace
North Port, FL 34287

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 23rd day of January, 2001.


Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: North Port Learning Center, Inc.

2. The name and address of the registered agent and office is:

Karen Sanchez Gray
5500 Biscayne Drive
North Port, FL 34287

FILED
01 JAN 29 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Karen Sanchez Gray
(Signature)

1/23/01
Date