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Requester's Name

Address

From This portion can be removed.

Date

Phone #

Sender's Name

Phone

554 349-9400

Company/ ENTERPRISE TITLE INC

Office Use Only

C Address 1290 WESTON RD STE 314

Dept./Room/Suite/Room

f known):

City WESTON

State

FL

ZIP

33326

1.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐

Walk in

☐

Pick up time

☐

Certified Copy

☐

Mail out

☐

Will wait

☐

Photocopy

☐

Certificate of Status

### NEW FILINGS

☐

Profit

☐

Not for Profit

☐

Limited Liability

☐

Domestication

☐

Other

### AMENDMENTS

☐

Amendment

☐

Resignation of R.A., Officer/Director

☐

Change of Registered Agent

☐

Dissolution/Withdrawal

☐

Merger

### OTHER FILINGS

☐

Annual Report

☐

Fictitious Name

### REGISTRATION/QUALIFICATION

☐

Foreign

☐

Limited Partnership

☐

Reinstatement

☐

Trademark

☐

Other

Michael Ezler GAVE  
AUTHORIZATION BY PHONE TO

CORRECT Principal office 548 Cambridge Dr.  
DATE 1-31-01 @ 9:23 am. Weston, FL 33326

00230 EXAM J. B. [Signature]

Examiner's Initials

FILED  
01 JAN 26 PM 2:49  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

W01-2149

29-01

FILED  
01 JAN 26 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned, desiring to incorporate a corporation under the provisions of the Florida General Corporation Act, does hereby certify:

1. The name of the Corporation is:

SOLUTIONS EDUCATIONAL AND PSYCHOLOGICAL SERVICES, INC.

2. The term for which the Corporation is to exist is perpetual.

3. The general nature of the business to be transacted by the Corporation shall be to engage in and to do any lawful act permitted under the laws of the United States of America and of the State of Florida.

4. The aggregate number of shares of capital stock which the Corporation shall have the authority to issue is One Thousand (1000) shares of common stock having a par value of One Dollar (\$1.00) each.

5. The initial registered office of the Corporation shall be located at STRAUS & EISLER, P.A. 1290 Weston Road, Suite 314, Weston, Florida 33326, and the initial Registered Agent shall be MICHAEL J. EISLER.

6. The initial Board of Directors shall be comprised of one member.

The name and address of the initial Director is:

Name

Address

Paul Dolnick

548 Cambridge Drive  
Weston, Florida 33326

7. The name and address of the sole incorporator hereof is:

Name

Address

Paul Dolnick

548 Cambridge Drive  
Weston, Florida 33326

The principal office address is 548 Cambridge Drive, Weston, FL 33326.

8. The formation of the Corporation shall be effective as of the date hereof.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 24 day of January, 2001.

*Paul Dolnick*

STATE OF FLORIDA  
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Paul Dolnick who, upon being first duly sworn, acknowledged that he executed the foregoing document freely and voluntarily and for the purpose therein expressed.

WITNESS my hand and official seal in the County and State aforesaid this 24 day of January, 2001.



*Jane J. Capman*  
NOTARY PUBLIC, State of Florida  
My commission expires:  
Print Name: Jane J. Capman

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I, MICHAEL J. EISLER, of STRAUS & EISLER, P.A., with office at 1290 Weston Road, Suite 314, Weston, Florida 33326, accepts the appointment of Registered Agent of SOLUTIONS EDUCATIONAL AND PSYCHOLOGICAL SERVICES, INC., as provided in F.S. Chapter 48.091.

*Michael J. Eisler*  
MICHAEL J. EISLER

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01 JAN 26 PM 2:49  
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TALLAHASSEE, FLORIDA