TRANSMITTAL LETTER Department of State Division of Cornorations

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

SUBJECT:	SPECTRUM TRAINING ASSOCIATES, INCORPORATED (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
			000385: -03/15/01- -03/15/01- *****157.50	-010030	
Enclosed is an origin	nal and one(1) copy of the artic	les of incorporation and a	check for:	 -	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cop & Certificate Status		
	•	ADDITIONAL CO	T > C /	D E	2
FROM	: <u>Kelley Bailey</u> Name (I	Printed or typed) Ve Address	ASSEE, FLORIDA D	15 PM 1:17	
•	Tallahassee, FL 3230 City)8 , State & Zip	DIVISION OF CORPORATION	RECEIVED	
	-(850) 656-4529 Daytime	Telephone number	ORPORATI	M #: 50	r
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 15, 2001

KELLEY BAILEY 749 SILVER MAPLE DR TALLAHASSEE, FL 32308

SUBJECT: SPECTRUM TRAINING ASSOCIATES, INCORPORATED

Ref. Number: W01000005896

We have received your document for SPECTRUM TRAINING ASSOCIATES, INCORPORATED and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith Document Specialist

Letter Number: 501A00015845



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:

SPECTRUM TRAINING ASSOCIATES, INCORPORATED

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

749 SILVER MAPLE DRIVE TALLAHASSEE, FL 32308

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

TO COVER "THE SPECTRUM" OF PROFESSIONAL TRAINING AND DEVELOPMENT SERVICES FOR OUR CUSTOMERS. THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO: INSTRUCTIONAL DESIGN, TRAINING DEVELOPMENT, TRAINING DELIVERY, TRAINING EVENT PLANNING AND COORDINATION.

SHARES ARTICLE IV

The number of shares of stock is:



ARTICLE V<u>INITIAL OFFICERS/DIRECTORS (optional)</u>

The name(s) and address(es):

NONE

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

KELLEY BAILEY 749 SILVERMAPLE DRIVE TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KELLEY BAILEY 749 SILVERMAPLE DRIVE TALLAHASSEE, FL 32308

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/Incorporator