TRANSMITTAL LETTER

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

□ \$70.00

Filing Fee

□ \$78.75

Filing Fee

& Certificate of Status

FILED

01 JUL-6 AM 10:39

SECRETARY OF STATE ALLAHASSEE, FLORIS.

\$87.50

Filing Fee,

Certified Copy

SUBJECT:	BURTON ACADEMY, INC.	
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)	_

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

	& Certificate of Status ADDITIONAL COPY REQUIRED
FROM: _	BARBARA FARRADIO 14462508—7 Name (Printed or typed) -07/06/01-01068-004 *****87.50 *****87.50
	4201 NOCEAN BLVD Address
_	BOCA-RATON FLA 35431
	City, State & Zip
-	567-242-0075 Daytime Telephone number

\$78.75

Filing Fee

& Certified Copy

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

j.
ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: BURTON ACADEMY, INC. TALLAMASSE OF DECISION OF CADEMY.
The name of the corporation shall be:
THE CALL TO SECRET AMID.
BURTON ACADEMY, INC. TALLAHASSA OF 29
BURTON ACADEMY, INC. TALLAHASSEE, FLORIDA The principal place of business/mailing address is:
1 1 1 · · · · · · · · · · · · · · · · ·
1355 W. PALMETTO PR. RD SUITE 103
BOCA RATON, PLA. 33486
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO PROVIDE INDIVIDUALIZED LONG DISTANCE
EDUCATION.
ARTICLE IV SHARES
The number of shares of stock is:
100 SHARES
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)
The name(s) and address(es):
TT TO THE PARTITION OF
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
BARBARA FABRICANT
4201 N. OCEAN BLVD
BOCA-RATON, FLA. 33431
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
BARBARA FABRICANT
4201 N.OCEANBLVD
BOCA RATON FLA 33431

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
be a first
X Debea Labrecent 7/1/01
Signature/Registered Agent Date
V/160 Box For De 1 1 / 2.
Signature/Incorporator Date
Tale Date