POLCOUDENS 53

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

SUBJECT:	Advances Le	ARNING Systems TENAME-MUSTINCLI	LNC, UDE SUFFIX)	
Enclosed is an origin \$70.00 Filing Fee	al and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	es of incorporation and a \$78.75 Filing Fee & Certified Copy	-08/08/01010 *****78.75 *** check for : \$87.50 Filing Fee, Certified Copy & Certificate of	85——0 84—005 ****78.75
FROM:	Peter M. Ch Name (Pri	ADDITIONAL COF	Status PY REQUIRED	is what off the got man
	Coape Springs	FLORIDA 33		
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 2001 AUG 27 PM 3: 02

SECRETARY OF STATE TALLAHASSEE FLORIDA

August 13, 2001

PETER M. CHICCHETTI 11945 ROYAL PALM BLVD. #204 CORAL SPRINGS, FL 33065

SUBJECT: ADVANCED LEARNING SYSTEMS, INC. Ref. Number: W01000018630

We have received your document for ADVANCED LEARNING SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 701A00046308

ARTICLES OF I	NCORPORATION hapter 607 and/or Chapter 6	21, F.S. (Profit)		-
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The name of the corpo		ranced Lear	TITLE SYST	ons Group, -
· Advan	CED LEARNING SY		,	
· 10 ALID	Advanced 1	SIGNIS, INC.	Tala	mantonal T
ARTICLE II PI	Advanced Le	zarning syst	ems whe	manoral, +
The principal place of	business/mailing address is:	F	1 22	· · · · · · · · · · · · · · · · · ·
11945 Re	YAL PALM BIVA.,	¥204		
	21Ngs, FL 33065			
	URPOSE			_
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	10,000 shares,	ADI DON VALUE	<u></u>	STA STA
	10,000 STARCES,	. OOI PAR VAIO	-5	DATE NO
ARTICLE V INI	TIAL OFFICERS/DIREC	TORS (optional)		-
The name(s) and addre	ss(es):			
ARTICLE VI	REGISTERED AGENT			سومتي د د د د د د د د د د د د د د د د د د د
	street address of the registe	ered agent is:		
	. Chiechetti	~ I/		
11773 Ko	YAL PALM BIVD., #20	JY		
	orings, FL 33065			
	ICORPORATOR	- 44***		
	of the Incorporator is:			
1948 1	7. Chicketti loyal Paun Blvo., *;	70V		
11/73 T	LOYAL IAWA DIVO.	, O 7		
	prings, FL 33065			
aving heen named as reasi	*********************	*******	*******	******
rtificate, I am familiar wit	stered agent to accept service of pr h and accept the appointment as re	ovess for the above stated (egistered agent and agree t	corporation at the p	lace designated in this
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