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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone

: (305)599-0839 : (305)716-0346 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

HURRICANE SOCCOR ACADEMY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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:

HURRICANE SOCCOR ACADEMY, INC.

ARTICLE II PRINCIPAL OFFICE

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

8287 NW 7 STREET , MIAMI , FL 33126

The mailing address of this corporation shall be:

8287 NW 7 STREET MIAMI , FLORIDA 33126

ARTICLE III SHARES

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

ONE HUNDRED SHARES ONE DOLLAR PAR VALUE

Prepared by: Pedro M. Ramos, CPA 594 East 9 Street #A Hialeah, FL 33010 (305)885-9435 ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RODOLFO TORRES 8287 NW 7 STREET MIAMI , FLORIDA 33126

ARTICLE V INCORPORATOR(S)
See instructions for officers / directors

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

RODOLFO TORRES .

8287 NW 7 STREET

MIAMI, FL 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27TH day of AUGUST 2001.

Signatüre

gnature

Signature

Notarization is not required NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is:

HURRICANE SOCCOR ACADEMY, INC.

2.	The name	and address of the registered agent and	office		SIANG
· · ·		RODOLFO TORRES		BUG	I III
		(Name) 8287 NW 7 STREET		<u> </u>	4
		(P.O. Box or Mail Drop NOT acceptable)	····		
				<u>ပ</u>	

(City / State / Zip)

MIAMI, FL 33126

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 registered agent.

(Signature) AUGUST 27 ,2001

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314