

OFFICE USE ONLY (DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HILS TRAINING INTERNATIONAL, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



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Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
02 MAY 15 AM 11:02
DIVISION OF CERTIFICATION

FILED
02 MAY 15 PM 12:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION OF

Hils Training International, Inc.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

Hils Training International, Inc.

The principal address of this corporation shall be:

*603 Riverview Ave
Altamonte Springs, FL 32714*

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities for the business permitted under the laws of the United State, of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is Authorized to have outstanding at any one time is 100 shares of Common stock has a par value of \$ 1.00 per share.

ARTICLE IV. ADDRESS

The street address of the initial registered offices of the corporation shall be 603 Riverview Ave and the name of the initial registered agent of the corporation at that address is Dr. Hilary Bowman.

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ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

This corporation shall have officer (s) and director (s), initially.

The name and street address of the initial officer (s) and director(s)

Who shall hold office for the first year of the corporation, of until his
Successor is elected or appointed are/is:

Dr. Hilary Bowman
603 Riverview Ave
Altamonte Springs, FL 32714

President

Verina Bowman
603 Riverview Ave
Altamonte Springs, FL 32714

Vice-President /President

ARTICLE VII. SUBSCRIBER

The name and street address of the subscriber to these Articles
of Incorporation is:

Dr. Hilary Bowman
603 Riverview Ave
Altamonte Springs, FL 32714

The undersigned incorporator(s) has (have) executed these Articles of Incorporation
this 7th day of MAY, 2002.

Signature



**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 507.0501, 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.

First that Hils Training International, Inc.
(Name of Corporation)
desiring to organize under the laws of the State of FLORIDA
(Florida)
with its principal office, as indicated in the articles of
incorporation has named Dr. Hilary Bowman
(Name of Registered Agent)
located at 603 Riverview Ave
City of Altamonte County of Seminole
(City) (County)

State of Florida, as its agent to accept service of process within this state.

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 FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

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