

PO20000063617

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

02 JUN -7 AM 10:08
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: _____
Jose Ventura
5130 Alarista Dr
Orlando, FL 32837

500005726575--8
-06/10/02--01001--005
*****80.00 *****80.00

City, State & Zip

500005726575--8
-06/10/02--01001--006
*****7.50 *****7.50

Daytime Telephone number

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

W02-15348
KSP
6/10/02



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 28, 2002

JOSE VENTURA
5130 ALANSTA DR
ORLANDO, FL 32837

SUBJECT: INSTITUTO DE LENGUAJE MJM, INC.
Ref. Number: W02000015348

We have received your document for INSTITUTO DE LENGUAJE MJM, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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) 245-6924.

Stacy Prather
Document Specialist Supervisor
New Filings Section

Letter Number: 102A00034177

**ARTICLE OF INCORPORATION OF INSTITUTO DE LENGUAJE
MJM, INC**

THE UNDERSIGNE INCORPORATORS FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE.

INSTITUTO DE LENGUAJE MJM, INC.

THE PRINCIPAL OFFICE OF THIS CORPORATION SHALL BE.
5130 ALAVISTA DR
ORLANDO, FL.32837.

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE ESTATE OF FLORIDA, OR ANY OTHER, COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK.

THE AGGREGATE NUMBER OF SHARE OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100.

JOSE VENTURA. PRESIDENTE: FIFTY (50) SHARES OF COMMON STOCK HAVING A PAR VALUE OF ONE (US \$ 1.00) DOLLAR PER SHARE.

LORENA CHIRINOS DE VENTURA. VICE PRESIDENTE: FIFTY (50) SHARE OF COMMON STOCK HAVING A PAR VALUE OF ONE (US \$ 1.00) DOLLAR PER SHARE.

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ARTICLE IV TERM OF EXISTENCE.

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICER/ DIRECTORS

THE NAME AND ADDRESS OF THE INITIAL OFFICER AND DIRECTOR WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATIONS EXISTENCE OR UNTIL TIER SUCCESSORS ARE ELECTED ARE.

JOSE VENTURA
5130 ALAVISTA DR.
ORLANDO, FL. 32837.

ARTICLE VI INCORPORATORS

THE NAME AND STREET ADDRESS OF THE INCORPORATORS TO THESES ARTICLES OF INCORPORATIONS ARE.

JOSE VENTURA
5130 ALAVISTA DR.
ORLANDO, FL. 32837.

IN WITNESS WHEREOF THE UNDERSIGNED INCORPORATORS HAVE EXECUTED THESE ARTICLE OF INCORPORATIONS AT THIS 05 DAY OF 30, 2002.



SIGNATURE OF INCORPORATORS.

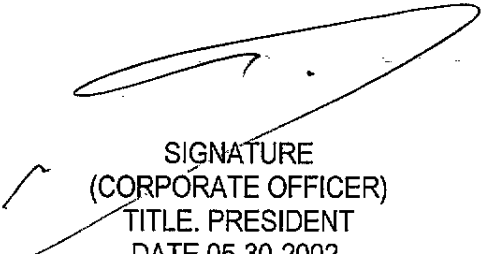
PURSUANT TO THE REQUIREMENTS OF SECTION 607.034 AND 607.325 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS FOR THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.THE NAME OF THE CORPORATION IS.

INSTITUTO DE LENGUAJE MJM, INC
5130 ALAVISTA DR.
ORLANDO, FL. 32837.


2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS.

JOSE VENTURA
5130 ALAVISTA DR.
ORLANDO, FL. 32837.
PHONE. (407) 854-7629.



SIGNATURE
(CORPORATE OFFICER)
TITLE. PRESIDENT
DATE 05-30-2002.

HAVING BEEN NAMED TO ACCEPT SERVICES OR PROCESS FOR THE ABOVE STATED CORPORATION, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER AND COMPLY AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF ABOVE MENTIONED FLORIDA STATUES.



SIGNATURE
(PRESIDENT AGENT)
05-30-2002.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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