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

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SUBJECT: FLORIDA EDUCATION MANAGEMENT CENTER, INC.

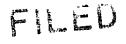
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
FROM:	LISA X. BAI	(Printed or typed)	·	. 4		
	1719 SW 110 Street Address			2002 AUG	·	
	Gaines VILLE FL 32607		26	SECTION AND ADDRESS OF THE PROPERTY OF THE PRO		
	352-332-590 Daytime T	O elephone number	FLORIDA	PM 2: 41		

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

Eduds J



ARTICLES OF INCORPORATION

2002 AUG 26 PM 2: 41

The undersigned incorporator, for the purpose of forming a corporation under the Florida STATE Business Corporation Act, hereby adopts the articles of incorporation.

TĂLLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: FLORIDA EDUCATION MANAGEMENT CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

1719 SW 110 Street, Gainesville, FL 32607

ARTICLE III **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET

Lisa X. Bai 1719 SW 110 Street, Gainesville, FL 32607

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lisa X. Bai 1719 SW 110 Street, Gainesville, FL 32607

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/Registered Agent