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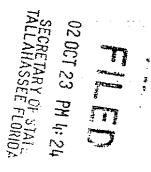
Division of Corporations

Fax Number : (850)205-0381

From:

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

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346



# FLORIDA PROFIT CORPORATION OR P.A.

HALLANDALE ACADEMY CORP.

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Certificate of Status	0
Certified Copy	1
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# ARTICLES OF INCORPORATION OF HALLANDALE ACADEMY CORP.

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE FLORIDA

# ARTICLE I NAME

The name of this corporation is HALLANDALE ACADEMY CORP.

# ARTICLE II PRINCIPAL OFFICE

The principal mailing address of this corporation shall be:

2291 NW 98th Avenue Sunrise, FL 33322

#### ARTICLE III SHARES

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

1000 shares of \$1.00 per value common stock

# ARTICLE IV INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders. The names and addresses of the initial board of directors are:

NAME	ADDRESS
Eliana Molina	2291 NW 98 <sup>th</sup> Avenue
President, Treasurer	Sunrise, FL 33322
Francisco Arroyave	2291 NW 98 <sup>th</sup> Avenue
V.P., Secretary	Sunrise, FL 33322

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Eliana Molina 2291 NW 98<sup>th</sup> Avenue Sunrime, FL 33322

# ARTICLE VI INCORPORATOR

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

Eliana Molina 2291 NW 98th Avenue Sunrise, FL 33322

Eliana Molina

October 23\*d 2002 Date

#### ACKNOWLEDGMENT:

having been named as registered agent and to accept service of process for the above stated comporation 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.

Cliana Molina

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SECRETARY OF STAIL
TALLAHASSEE FLORIDA