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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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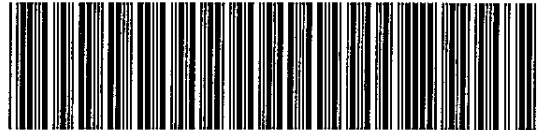
(Business Entity Name)

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8-15

TRANSMITTAL LETTER

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

SUBJECT: A+ BILINGUAL ENROLLMENT TEAM, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

FROM: GELBER AND COMPANY

Name

11450 INTERCHANGE CIRCLE NORTH

Address
MIRAMAR, FL 33025

City, State & Zip

954-435-4222

Daytime Telephone number

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03 AUG 14 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

A+ BILINGUAL ENROLLMENT TEAM, INC.

ARTICLE II - PRINCIPAL OFFICE

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

**16339 SW 16TH STREET
PEMBROKE PINES, FL 33027**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **GROUP INSURANCE BROKERS**

The number of shares of stock is: 100

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is:

**CRISTINA ALLAN
16339 SW 16TH STREET
PEMBROKE PINES, FL 33027**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI INCORPORATOR

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

CRISTINA ALLAN
16339 SW 16TH STREET
PEMBROKE PINES, FL 33027


ARTICLE VII EFFECTIVE DATE

The effective date of this corporation shall be: **AUGUST 15, 2003**


Signature/Incorporator

8/3/03
Date

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

8/3/03
Date