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SECRETARY OF STATE
ALLAMASSEE FLORING

03/1/3

TRANSMITTAL LETTER

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

SUBJECT: LME	3 Learning			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00	☑ \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
		<u></u>		
FROM: L	aura Levy			
i Row	Name	(Printed or typed)	<u></u>	
	3577 Edington Way			
× × ×		Address	*	
	Palm Harbor, Florida 34685			
	Čity,	State & Zip		
	·	-		
	727-742-5845			
w	Daytime T	elephone number		

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: LMB Learning, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3577 Edington Way
Palm Harbor, Florida 34685

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting on Corporate Training Issues

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

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

Laura Levy 3577 Edington Way Palm Harbor, Florida 34685

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laura Levy 3577 Edington Way Palm Harbor, Florida 34685

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity |

Signature/Registered Agent

Signature/Incorporator (

2/a5/04

Date