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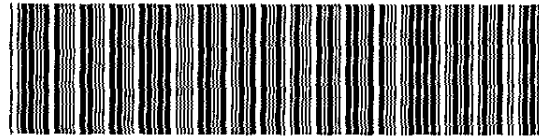
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DIVISION OF CORPORATION

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Requestor's Name

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CORPORATION(S) NAME


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Institute Superior Technique
Nursing Review Inc.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
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Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

INSTITUTE Superior TECHNIQUE Nursing Review Inc
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

INSTITUTE Superior TECHNIQUE Nursing Review INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE Hundred shares (100) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>MAXIME R. LE Conte</u>		
ADDRESS	<u>13971 Oakridge Dr</u>		
CITY	<u>DAVIE</u>	FLORIDA	ZIP <u>33325</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>INSTITUTE Superior TECHNIQUE Nursing Review Inc</u>		
ADDRESS	<u>13971 Oakridge Dr</u>		
CITY	<u>DAVIE</u>	FLORIDA	ZIP <u>33325</u>

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>RITCHELLE - EUGENA</u>		
ADDRESS	<u>13971 Oakridge Dr</u>		
CITY	<u>DAVIE</u>	STATE	<u>FL</u> ZIP <u>33325</u>
NAME	<u>MAXIME R. LECONTE</u>		
ADDRESS	<u>13971 Oakridge Dr</u>		
CITY	<u>DAVIE</u>	STATE	<u>FL</u> ZIP <u>33325</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>RITCHELLE - EUGENA</u>		
ADDRESS	<u>13971 Oakridge Dr</u>		
CITY	<u>DAVIE</u>	STATE	<u>FL</u> ZIP <u>33325</u>
NAME	<u>MAXIME R. LECONTE</u>		
ADDRESS	<u>13971 Oakridge Dr</u>		
CITY	<u>DAVIE</u>	STATE	<u>FL</u> ZIP <u>33325</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 17th day of MARCH 2004

Ritchelle Eugena (Seal)
Maxime R. Leconte (Seal)
 (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

INSTITUTE SUPERIOR^R TECHNIQUE NURSING REVIEW INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 13971 OAKRIDGE DR

DAWIE FL 33325

has named MAXIME R. LECOTE

located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

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ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.



(registered agent)