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B. McKnight FEB 2 3 2006

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE					
MIAMI, FL 33165 (305) 552-5973					
	Office Use Only				
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):					
1.MORE TECH INSTITUTE (Corporation Name)	Occument #)				
2. (Corporation Name) (I	Document #)				
3. (Corporation Name) (I	Document #)				
4. (Corporation Name) (I	Document #)				
Walk in Pick up time 2.00	Certified Copy				
☐ Mail out ☐ Will wait ☐ Photoc	<u>-</u>				
Not for Profit Limited Liability Resignation Char	ndment gnation of R.A., Officer/Director age of Registered Agent clution/Withdrawal				
OTHER FILINGS REGIST	RATION/QUALIFICATION				
Fictitious Name Limi Rein Trad	Foreign Limited Partnership Reinstatement Trademark Other				

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be: MORE TECH INSTITUTE CORP.

ARTICLE II - PRINCIPAL OFFICE

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

PEMBROKE PINES FL 33024

ARTICLE III - SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUTS MORALES 12831 NYI. 11 ST MTAMT FL 33/82 DIVISION OF CORPORATION

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ARTICLE V - INCORPORATOR

Incorporation is: CESAR MORALES

12831 HV 11 ST.

MTAMI FL. 33182.

The name and street address of the incorporator to these Articles of

	s Z/ day of FEB. Signatur		OF STATE OF
	ARTICLE VI DIR	ECTOR(S)	
Articles of Incorr	oration is (are).	f the director(s) to thes	
SETH MARCUS	BOLDEH LYTTE PI	HT) 12831 MY 11 S RESEDENT) RE PTHES FL 33	
CENUANDA A	UPPEAH	PI-F UTAMI F	
CERTIFICATE OF E Having been name for the above stat hereby accept the capacity. I further related to the pro	DESIGNATION OF REGISTED AS REG	TERED AGENT /REGISTER and to accept service of e designated in this certificated Agent and agree to the provisions of all state or mance of my duties, and of my position as Register	PED OFFICE process ficate, I act in this utes d I am ered Agent.
	/	/ /	:••

Registered Agent Signature