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## LAZARUS CORPORATE FILING SERVICE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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|----------------------------------|---|
| CORPORATION NAME(S) & DOCU       | MENT NUMBER(S), (if known):                       |
| 1. LEARNING DIS                  | ABILITY AGENCY, INC.                              |
| (Corporation Name)               | (Document #)                                      |
| 2                                |   |
| (Corporation Name)               | (Document #)                                      |
| <b>3</b> .                       | ·   |
| (Corporation Name)               | (Document #)                                      |
| <b>Δ</b>                         |   |
| (Corporation Name)               | (Document #)                                      |
| Walk in Pick up time             | 2.06 Certified Copy                               |
| ☐ Mail out ☐ Will wait           | Photocopy   |
| NEW FILINGS                      | <u>AMENDMENTS</u>                                 |
| Profit                           | ☐ Amendment                                       |
| Not for Profit Limited Liability | Resignation of R.A., Officer/Director             |
| Domestication                    | Change of Registered Agent Dissolution/Withdrawal |
| Other                            | Merger Merger                                     |
| OTHER FILINGS                    | REGISTRATION/QUALIFICATION                        |
| Annual Report                    | Foreign .   |
| ☐ Fictitious Name                | Limited Partnership Reinstatement                 |
|                                  | Trademark   |
|                                  | Other   |
|                                  | Evaminar's Initials                               |

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#### ARTICLES OF INCORPORATION

07 MAR -8 AM 11: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a TALLAHASSEE, I LI 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:

Learning Disability AGENCY, INC.

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#### **ARTICLE II - PRINCIPAL OFFICE**

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

8700 SW 133 RD AVR. Apto 415. WIAWI, FC 33183.

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:

Luis E. Bretones 8700 Sw 133 RD Ave Apto 415. Li Alli, FL 33183.

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#### ARTICLE V - INCORPORATOR

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The name and street address of the incorporator to these Artiques AFLASSEE, FLORIDA Incorporation is:

| Luis E.<br>8700 Sw<br>Miani fl   | Bretones. 133 RD AVE. 33183, orator has executed these | Apto 415 |
|----------------------------------|--|----------|
| Incorporation this $\mathcal{I}$ | day of MAYCH   | 2007     |
|                                  | Signature  |          |

**ARTICLE VI- DIRECTOR(S)** 

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Luis E. Bretones, Director President.

Niuber O. Alonso, Vice President.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE
Having been named as Registered Agent and to accept service of process for the
above stated corporation at 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 related to the proper and
complete performance of my duties, and I am familiar with and accept the
obligations of my position as Registered Agent.

Registered Agent Signature