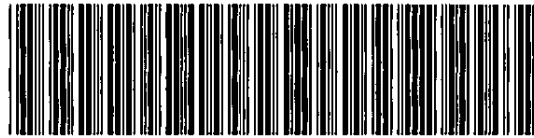


PO 70000 89922

78.75



700106874847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies  Certificates of Status

08/06/07--01026--018 \*\*122.50

Special Instructions to Filing Officer:  
Sunday Alinsini GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Article II  
DATE 8/7/07  
DOC. EXAM MRD

MRD  
8/10

Office Use Only

FILED  
07 AUG 10 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
07 AUG 10 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: Bola Educational Center, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: MR. SUNDAY AKINBIYI  
Name (Printed or typed)

P.O. Box 380373  
Address

MIAMI, FL 33238-0373  
City, State & Zip

(305) 625-7500  
Daytime Telephone number

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

**BOLA**  
HELPING CHILDREN HELPING COMMUNITY

*Bola Educational Center  
70 N.E. 80th Terrace  
Miami, Florida 33138*

*Ph.: (305) 759-2585 Fax: (305) 759-2353*

**B.E.C.**  
HELPING CHILDREN HELPING COMMUNITY

August 1, 2007

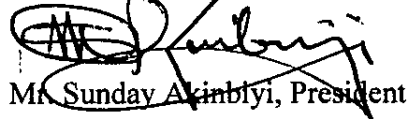
Florida Dept. of State  
Division of Corporation  
Amendment Section  
P.O. Box 6327  
Tallahassee, Florida 32314

RE; Revocation of Dissolution

Sir/Madam;

We are not going to revoke the dissolution. We hereby release the name to the new corporation.

Thanks very much

  
MK Sunday Akinblyi, President

**FILED**  
07 AUG 10 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Mailing Address: P.O. Box 380373, Miami, Florida 33238*

**ARTICLES OF INCORPORATION**

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

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

**BOLA EDUCATIONAL CENTER, INC**

07 AUG 10 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

**P.O. BOX 380373, MIAMI, FL. 33238-0373  
18542 N.W. 23 Ct. MIAMI, FL 33056**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**EDUCATIONAL**

**ARTICLE IV SHARES**

The number of shares of stock is:

**10,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**MR. SUNDAY AKINBIYI; P.O. Box 380373, MIAMI, FL. 33238; Pres.  
MRS. JOSEPHINE AKINBIYI; P.O. Box 380373, MIAMI, FL. 33238; VP**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**18542 N.W. 23 Ct.  
MIAMI, FL. 33056**

**Mr. Sunday Akinbiyi**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


**Mr. Sunday Akinbiyi  
P.O. Box 380373  
MIAMI, FL. 33238**

\*\*\*\*\*

*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

**8/1/07**  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

**8/1/07**  
\_\_\_\_\_  
Date