

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

: (305)633-9696 Fax Number

## FLORIDA PROFIT/NON PROFIT CORPORATION

edumas, inc.

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#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, herby adopts the following Articles of Incorporation.

ARTICLE I--NAME

The name of the corporation shall be:

EDUMAS, INC.

ARTICLE II—NATURE OF BUSINESS

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE III --- PRINCIPAL OFFICE

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

1732 South Congress Avenue Palm Springs, FL 33461-2140

ARTICLE IV-SHARES

The corporation is authorized to issue only one class of shares of stock, which shall be designated Common Stock. The total number of shares the corporation shall have authority to issue is 5,000 each share to have a par value of \$1.00.

ARTICLE V-DIRECTORS

The names and street addresses of the first board of directors of the corporation

are:

Myra V. Lawrence-Matthew

7763 Plantation Blvd., Miramar FL 33023-2461

Andy C. Matthew

7763 Plantation Blvd., Miramar FL 33023-2461

ARTICLE VI---REGISTERED AGENT AND STREET ADDRESS

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

Myra V. Lawrence-Matthew

7763 Plantation Blvd., Miramer FL 33023-2461

ARTICLE VII -- INCORPORATOR AND STREET ADDRESS

The name and address of the incorporator to these articles of incorporation is:

Myra V. Lawrence-Matthew

7763 Plantation Blvd., Miramur FL 33023-2461

Signature/Incorporator

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SECRETARY OF STATE DODD 39805 TALLAHASSEE, FLORING

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signalure/Registered Agent

Date

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