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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-2000  
Fax Number : (850) 538-1575

DIVISION OF CORPORATION

08 MAY - 1 AM 11:54

RECEIVED

*Carina Dunlap X2951*

FLORIDA PROFIT/NON PROFIT CORPORATION

TRAINING BY JENNY, INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$78.75 |

SECRETARY OF STATE  
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**TRAINING BY JENNY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

285 UPTOWN BLVD. #620  
ALTAMONTE SPRINGS, FLORIDA 32701

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

JENNIFER KIESEL, Director/President  
285 UPTOWN BLVD. #620  
ALTAMONTE SPRINGS, FLORIDA 32701

**ARTICLE VI REGISTERED AGENT**

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

MARK J. CHMIELARSKI, ESQUIRE  
201 EAST PINE STREET, SUITE 500  
ORLANDO, FLORIDA 32801

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARK J. CHMIELARSKI, ESQUIRE  
201 EAST PINE STREET, SUITE 500  
ORLANDO, FLORIDA 32801

\*\*\*\*\*

*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

04-30-2008

Date



Signature Incorporator

04-30-2008

Date

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