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(Requestor's Name)	
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PICK-UP WAIT N	1 AIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF SINE



PS 8/27/10

COVER LETTER

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

SUBJECT: E2BS0 (PROPOSED COR	PORATE NAME - MUST INCLUDE SUFFIX		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
□ \$70.00 □ \$78.75	\$78.75		
Filing Fee Filing Fee	Filing Fee, Filing Fee,		
& Certificate of Status	& Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: Pernice Colls Name (Printed or typed) 150 East Robinson Str #1610 Address Orlando Fl 3280 City, State & Zip			
UNT-710-1	(-1-26		

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

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: E2850/wtions Training	Porporation
The principal street address and mailing address, if different is: 150 Each Robinson Str., #1610 Or tour to FL 32801 ARTICLE III PURPOSE The purpose for which the corporation is organized is: 1 Taining in business	10 AUG 25 PM 1: 33 SECRETARY OF SIGNET RECEIPER
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	. (1)
List name(s), address(es) and specific title(s): Dernice Cooks - CEO - 150 E, R Dids Cooks - VP-708 Powell Cit Burtz ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the reg	20 binson Sti. Oxlando Sw. CA 92311
Bernice Cooks CEO:	or kundo, FL30801
Dernice Cooks 60 E. Robinson Str. # 1610.	*****
Having been named as registered agent to accept service of process for the place designated in this certificate, I am familiar with and accept the appagree to act in this capacity Signature/Registered Agent/Incorporator	
Signature/Incorporator	Date