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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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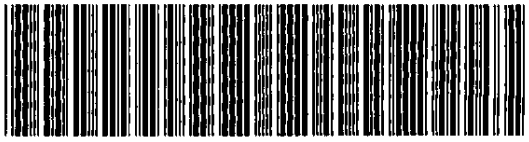

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11/29/10

COVER LETTER

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

SUBJECT: ACADEMY FOR MEDICAL PRACTICES, 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

ACADEMY FOR MEDICAL PRACTICES, INC

FROM: DAVID F. WYNN, ASSOCIATE DIRECTOR
Name (Printed or typed)

10720 SANTA LAGUNA DRIVE
Address

BOCA RATON, FL 33428
City, State & Zip

561- 852-5932
Daytime Telephone number

MedicalCoursesAcademy.com
E-mail address: (to be used for future annual report notification)

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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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be:

ACADEMY for MEDICAL PRACTICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

10720 SANTA LAGUNA DRIVE

BOCA RATON, FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a dynamic, on-line, teaching environment that provides a high-quality, accessible, affordable education, preparing students to compete ethically + successfully as medical office support specialists.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LINDA R. WYNN, 10720 SANTA LAGUNA DR., BOCA RATON, FL., 33428, EXECUTIVE DIRECTOR

DAVID F. WYNN, 10720 SANTA LAGUNA DR., BOCA RATON, FL, 33428, ASSOCIATE DIRECTOR

ARTICLE VI REGISTERED AGENT

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

DAVID F. WYNN, 10720 SANTA LAGUNA DR., BOCA RATON, FL 33428

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

LINDA R. WYNN, 10720 SANTA LAGUNA DR., BOCA RATON, FL 33428

****

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

DAVID F. WYNN

David F. Wynn

Signature/Registered Agent — 11-18-2010 Date

LINDA R. WYNN

Linda R. Wynn

Signature/Incorporator — 11-18-2010 Date