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Division of Corporations Page 1 of 1

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
OPTIMUM TRAINING, INC.

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

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09/14/2011 22:42 3056339696 EMPIRE CORP KIT PAGE 01/02

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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: Optimum Training, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6410 S.W. 144th Street
Coral Gables, FL 33158

Mailing address, if different is:
SAME

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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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel Rodriguez P
Address: 6410 S.W. 144th Street
Coral Gables, FL 33158

Name and Title: President
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Joel Rodriguez
Address: 6410 S.W. 144th Street
Coral Gables, FL 33158

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Joel Rodriguez
Address: 6410 S.W. 144th Street
Coral Gables, FL 33158

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

Required Signature/Registered Agent — Date: 9/13/2011

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — Date: 9/13/2011

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