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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

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

**Email Address:** kjanowitz@lowenstein.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SPECIALIZED EDUCATION OF FLORIDA, INC.**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

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

FILED

12 AUG -3 AM 10:58

**ARTICLE I NAME** Specialized Education of Florida, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
c/o Specialized Education Services, Inc.  
385 Oxford Valley Road, Suite 408  
Yardley, PA 19067

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide specialized education services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Michael Kaufman, President

Address: c/o Specialized Education Services, Inc.  
385 Oxford Valley Road, Suite 408  
Yardley, PA 19067

Name and Title: Andrea Vargas, VP and Secretary

Address: c/o Specialized Education Services, Inc.  
385 Oxford Valley Road, Suite 408  
Yardley, PA 19067

Name and Title: Robert Healy, Director

Address: c/o Specialized Education Services, Inc.  
385 Oxford Valley Road, Suite 408  
Yardley, PA 19067

Name and Title: Jeffery Farrero, Director

Address: c/o Specialized Education Services, Inc.  
385 Oxford Valley Road, Suite 408  
Yardley, PA 19067

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Gal Davidovitch  
Address: c/o Lowenstein Sandler PC  
65 Livingston Ave, Roseland, NJ 07068

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  
Corporation Service Company

By:

Required Signature/Registered Agent

8/3/12

Date

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

8/3/12  
Date