

JUN 5 2013 12:09 PM

CAPITAL CONNECTION

NO. 4338

P. 1

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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
Global Teacher Training Inc.

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION

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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:

GLOBAL TEACHER TRAINING INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

250NW 23ST LOFT407
33127 MIAMI
FLORIDA USA

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE TRAINING SERVICES TO MEET THE NEEDS OF THE WORLD-WIDE
TEACHERS AND STUDENTS OF TODAY AND TOMORROW

ARTICLE IV SHARES

The number of shares of stock is: 8,888

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREAS WIL GERDES / DIRECTOR
Address: VILLA MARGEHRITA, JUNO HEIGHTS
TAS-SILG, MXK1147, MARSAXLOKK,
MALTA/EUROPE

Name and Title: RACHAEL MAE STRAUB / DIRECTOR
Address: 250NW 23ST LOFT407
33127 MIAMI
FLORIDA, USA

Name and Title: DYLAN PUKEL / GTT PAYMENT PLAN MANAGER
Address: 2332 GALIANO STREET
2ND FLOOR
CORAL GABLES, FL 33134, USA

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: Your Capital Connection, Inc.
Address: 417 E. Virginia St. Ste 1, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CHRISTOPHER ARAP
Address: VILLA MARGEHRITA, JUNO HEIGHTS
TAS-SILG, MXK1147, MARSAXLOKK, MALTA/EUROPE

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


Seth Neeley, for Your Capital Connection, Inc.

06/05/13

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

23RD MAY 2013

Date

STATE OF FLORIDA
TALLAHASSEE

13 JUN - 5 PM 12:25

FILED