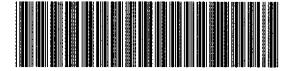
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(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
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COVER LETTER

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

SUBJECT: Career Academy Of Higher Learning, Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$78.75 \$\frac{1}{2}\$\$78.75 \$\frac{1}{2}\$\$87.50 Filing Fee & Filing Fee & Filing Fee & Filing Fee & Certificate of Status & Certificate of Status & ADDITIONAL COPY REQUIRED

PROM: Dr. Stuart H. Peckham

Name (Printed or typed)

9053 Nakoma Way

Address

Weeki Wachee, FL 34613

City. State & Zip

352-597-1615

Daytime Telephone number

speckham3@tampabay.rr.com

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

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

	ARTICLES OF INCO In compliance with Chapter 607 and/	or Chapter 621, F.S. (Profit)	7
rICLE I NA name of the corpor	ME ation shall be: Career Academy (ORPORATION for Chapter 621, F.S. (Profit) Of Higher Learning, Inc. Mailing address, if different is:	PHO
	INCIPAL OFFICE Principal street address	Mailing address, if different is: 9053 Nakoma Way	. C.
	ee, FL 34613	Weeki Wachee, FL 34613	_ _
TICLE III PUI	RPOSE the corporation is organized is:	ed Education and Pre-Licensing	
	<u> </u>	praisal and auctioneering, in a	 -
ass and ser	ninar setting. Higher Educ	ation.	 -
TICLE IV SH	ARES 100,000 common/\$1 par and 10).000 Preferred/\$10 par	
TICLE V IN			
TICLE V IN	TIAL OFFICERS AND/OR DIRECTOR. Dr. Stuart H. Peckham President/CEO	<u>s</u>	
TICLE V IN	TIAL OFFICERS AND/OR DIRECTOR Dr. Stuart H. Peckham President/CEO 9053 Nakoma Way	S Name and Title: Address:	
TICLE V IN	TIAL OFFICERS AND/OR DIRECTOR. Dr. Stuart H. Peckham President/CEO	S Name and Title: Address:	-
Name and Tit Address	President/CEO 9053 Nakoma Way Weeki Wachee, FL 34613	Se Name and Title: Address:	- -
Name and Tit Address	President/CEO 9053 Nakoma Way Weeki Wachee, FL 34613	Se Name and Title: Address: Name and Title:	
Name and Tite Address Name and Title	President/CEO 9053 Nakoma Way Weeki Wachee, FL 34613	Se Name and Title: Address: Name and Title:	
Name and Tite Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Dr. Stuart H. Peckham President/CEO 9053 Nakoma Way Weeki Wachee, FL 34613	Se Name and Title: Address: Name and Title:	

Name an	d Title:	Name and Title:
Address		Address:
		•
ARTICLE VI	REGISTERED AGENT	
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) of t	the registered agent is:
Name:	Hazel Mae Lindberg Peckham	
Address:	9053 Nakoma Way	
	Weeki Wachee, FL 34613	
ARTICLE VII	INCORPORATOR	
The <u>name and ac</u>	Idress of the Incorporator is:	
Name:	Dr. Stuart H. Peckham	
Address:	9053 Nakoma Way	
	Weeki Wachee, FL 34613	
	ned as registered agent to accept service of process j am familiar with and accept the appointment as regis	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
Day	Im Lindbey Peckham Required Signature/Registered Agent	Dec. 2, 2013 Date
	rument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	Required Signature/Incorporator	Dog 2.13
	1 Sich Cotin	
	1550e Co	FF - IAW-1-/14
		De coo