

From:

05/14/2014 15:41

#109 P.001/003

Division of Corporations

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**P140000043240**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

**\*\*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  
CAREER ACADEME, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

*B 5/18/14*

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#109 P.002/003

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

**ARTICLE I NAME** CAREER ACADEME, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
4780 NE 32nd Lane Apt 1  
Silver Springs, FL 34488

Mailing address, if different is:  
4780 NE 32nd Lane Apt 1  
Silver Springs, FL 34488

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

**ARTICLE IV SHARES** 1,000  
The number of shares of stock is:

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

Name and Title: Michael Pistorino/Director  
Address: 4780 NE 32nd Lane Apt 1  
Silver Springs, FL 34488

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Michael Pistorino  
Address: 4780 NE 32nd Lane Apt 1  
Silver Springs, FL 34488

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Pistorino  
Address: 4780 NE 32nd Lane Apt 1  
Silver Springs, FL 34488

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

(X) Michael Pistorino  
Required Signature/Registered Agent

5/14/14  
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.

(X) Michael Pistorino  
Required Signature/Incorporator

5/14/14  
Date

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 14 AM 11:51