

From:

05/14/2014 11:41

#109 P.001/003

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

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DIVISION OF CORPORATIONS
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CAREER ACADEME, INC.**

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

B. S. 10/4

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From:

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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 Name and Title: _____
Address: 4780 NE 32nd Lane Apt 1 Address: _____
Silver Springs, FL 34488 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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05/14/2014 15:41 #109 P.003/003

(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

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
14 MAY 14 AM 11:51