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Business World

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Division of Corporations

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Fax Number : (850) 617-6381

From:

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Phone : (305) 803-2736  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LEARNING INSTITUTE OF AMERICA, INC.**

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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I

#### NAME

The name of the corporation shall be: LEARNING INSTITUTE OF AMERICA, INC.

### ARTICLE II

#### PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

21175 MAINSAIL CIRCLE #E11  
AVENTURA, FL. 33180

### ARTICLE III

#### PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

### ARTICLE IV

#### SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

### ARTICLE V

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RUBEN VON STOPECK  
21175 MAINSAIL CIRCLE #E11  
AVENTURA, FL. 33180

Prepared by: RUBEN VON STOPECK  
21175 MAINSAIL CIRCLE #E11  
AVENTURA, FL. 33180  
305 467-4592

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**ARTICLE VI  
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RUBEN VON STOPECK  
21175 MAINSAIL CIRCLE #E11  
AVENTURA, FL. 33180

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30 day of SEPTEMBER, 2015

  
\_\_\_\_\_  
Signature

**ARTICLE VII  
OFFICER(S) AND DIRECTOR(S)**


The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

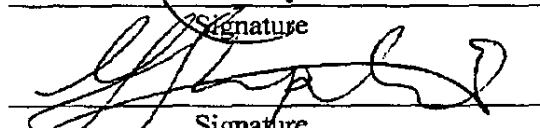
RUBEN VON STOPECK  
21175 MAINSAIL CIRCLE #E11  
AVENTURA, FL. 33180

DIRECTOR & PRESIDENT

MICHAEL VON STOPECK  
21175 MAINSAIL CIRCLE #E11  
AVENTURA, FL. 33180

DIRECTOR & VICE PRESIDENT & SECRETARY

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LEARNING INSTITUTE OF AMERICA, INC.

2. The name and address of the registered agent and office is:

RUBEN VON STOPECK  
21175 MAINSAIL CIRCLE #E11  
AVENTURA, FL. 33180

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as*

*registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

(DATE) 09-30-15