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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*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  
I LEARN MIAMI, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 OCT -2 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

iLearn Miami, Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

300 SW 123 Ave. Miami, FL 33184

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Jonathan Avila Hernandez President  
Zoila Esthefany Arias VP

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:


Zoila Esthefany Arias  
300 SW 123 Ave, Miami, FL, 33184

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

300 SW 123<sup>Ave</sup> Miami, FL 33184  
Jonathan Avila Hernandez  
Zoila Esthefany Arias

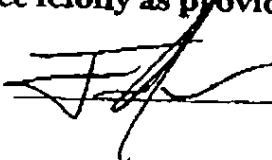
**Required Signatures:**

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

 \_\_\_\_\_  
Registered Agent

09/28/18  
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.

 \_\_\_\_\_  
Incorporator

9/28/18  
Date