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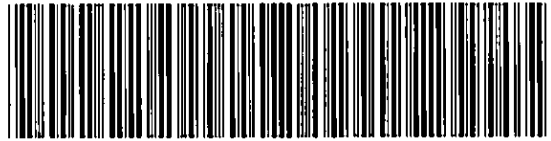
(Business Entity Name)

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PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 12/26/19

NAME: HIGH PERFORMANCE LEARNING, INC

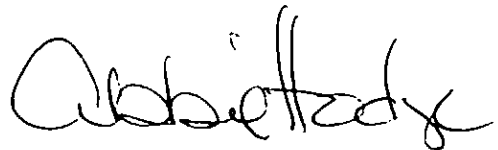
TYPE OF FILING: ARTICLES

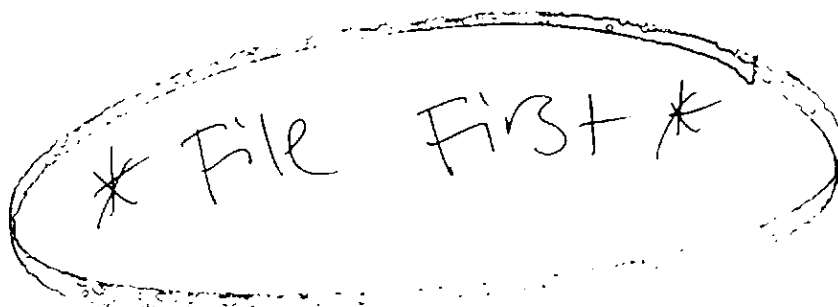
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





COVER LETTER

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

SUBJECT: High Performance Learning, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Neil H. Aronson

Name (Printed or typed)

c/o Gennari Aronson, LLP, 250 First Avenue, Suite 200

Address

Needham, MA 02494

City, State & Zip

781-719-9803

Daytime Telephone number

naronson@galawpartners.com

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: High Performance Learning, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8415 Sandpiper Way

West Palm Beach, FL 33412

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the sale and distribution of training and other educational materials, as well as to carry on any business or other activity which may be lawfully carried on by a corporation organized under the Business Corporation Law of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven J. Aronson

Name and Title: _____

President, Director, Secretary and Treasurer

Address: _____

Address

8415 Sandpiper Way

West Palm Beach, FL 33412

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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: Steven J. Aronson

Address: 8145 Sandpiper Way

West Palm Beach, FL 33412

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven J. Aronson

Address: 8145 Sandpiper Way

West Palm Beach, FL 33412

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Steven J. Aronson
Required Signature/Registered Agent

12/26/2019
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.

Steven J. Aronson
Required Signature/Incorporator

12/26/2019
Date